

ANNUAL REPORT

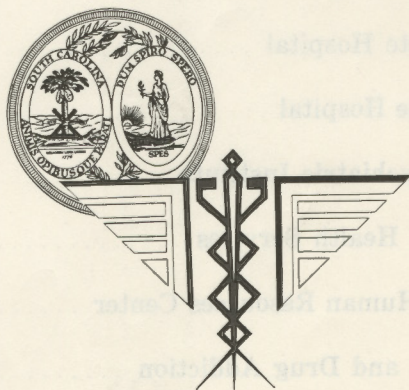
1973-74



Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1973-74

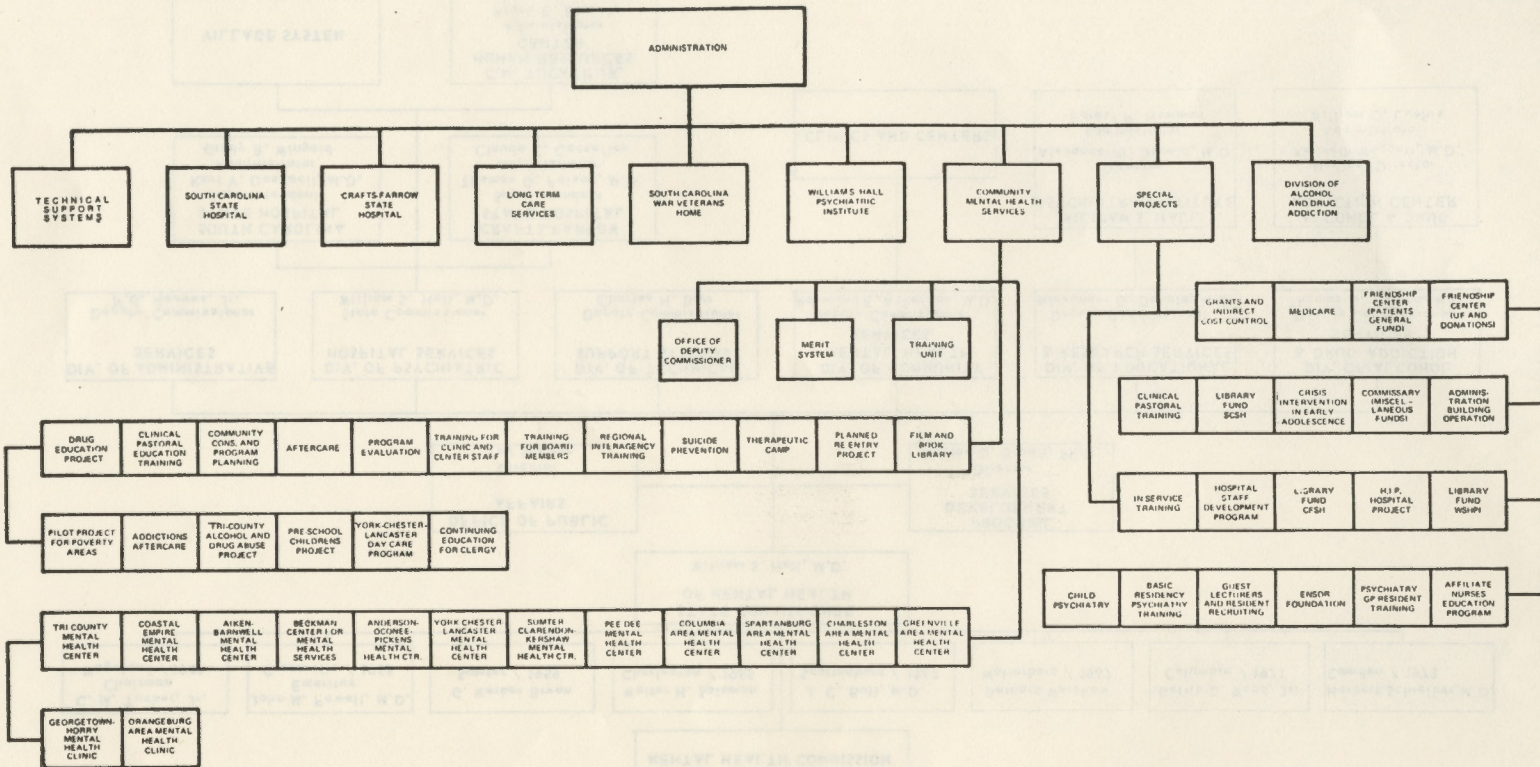


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SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

TABLE OF CONTENTS

The Commissioner Comments	8
Department of Archives and History	17
Friendship Center	18
Division of Administrative Services	19
Division of Program Development	34
Division of Technical Support Systems	35
South Carolina State Hospital	39
Crafts-Farrow State Hospital	58
William S. Hall Psychiatric Institute	79
Community Mental Health Services	92
C. M. Tucker, Jr., Human Resources Center	135
Division of Alcohol and Drug Addiction	144
Statistics	161



GOVERNOR

SOUTH CAROLINA
MENTAL HEALTH COMMISSION

C. M. Tucker, Jr.
Chairman
Pageland / 1949

John M. Fewell, M.D.
Emeritus
Greenville / 1955

G. Werber Bryan
Sumter / 1959

Walter H. Solomon
Charleston / 1965

J. C. Bull, M.D.
Spartanburg / 1967

Bernard Warshaw
Walterboro / 1967

Gettis D. Wood, Jr.
Columbia / 1971

Herbert Schreiber, M.D.
Camden / 1973

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OF MENTAL HEALTH
William S. Hall, M.D.

OFFICE OF PUBLIC
AFFAIRS

Director
Ted Shelton

PROGRAM
DEVELOPMENT
SERVICES

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Racine D. Brown, Ph.D.

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Deputy Commissioner
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HOSPITAL SERVICES

State Commissioner
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DIV. OF TECHNICAL
SUPPORT SYSTEMS

Deputy Commissioner
Charles H. Burr

DIV. OF COMMUNITY
MENTAL HEALTH
SERVICES

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DIV. OF EDUCATIONAL
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DIV. OF ALCOHOL
& DRUG ADDICTION
SERVICES

Deputy Commissioner
Thomas G. Faison, M.D.

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Administrator
Grady B. Wingard

CRAFTS-FARROW
STATE HOSPITAL
Superintendent
Thomas G. Faison, M.D.
Administrator
Claude C. Connelley

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Administrator
Forest P. Newman

ALCOHOL & DRUG
ADDICTION CENTER
Medical Director
Kenneth Waggett, M.D.
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HUMAN RESOURCES
CENTER
Administrator
Frank E. Blakely

JOHN M. FEWELL
PAVILION

E. ROY STONE JR.
WAR VETERANS
PAVILION

MENTAL HEALTH COMMISSION

C. M. TUCKER, JR., *Chairman*

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Sumter

BERNARD WARSHAW
Walterboro

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GETTIS D. WOOD, JR.,
Columbia

J. C. BULL, M.D.
Spartanburg

HERBERT SCREIBER, M.D.
Camden

JOHN M. FEWELL, M.D.
Commission Emeritus
Greenville

SCDMH EXECUTIVE STAFF

State Commissioner.....William S. Hall, M.D.

Deputy Commissioner.....P. G. Reeves, Jr.
Administrative Services

Deputy Commissioner.....Raymond E. Ackerman, M.D.
Community Mental Health Services

Deputy Commissioner.....Alexander G. Donald, M.D.
Education and Research

Deputy Commissioner.....Charles H. Burr
Technical Support Systems

Acting Deputy Commissioner.....Thomas G. Faison, M.D.
Alcohol and Drug Addiction Services

Director.....Racine D. Brown, Ph.D
Program-Development Services

Superintendent.....Karl V. Doskocil, M.D.
South Carolina State Hospital

Administrator.....Grady B. Wingard
South Carolina State Hospital

Superintendent.....Thomas G. Faison, M.D.
Crafts-Farrow State Hospital

Administrator.....Claude C. Connelly
Crafts-Farrow State Hospital

Director.....Alexander G. Donald, M. D.
William S. Hall Psychiatric Institute

Administrator.....Forest P. Newman
William S. Hall Psychiatric Institute

Administrator.....Frank E. Blakely, Jr.
C. M. Tucker Jr. Human Resources Center

Administrator.....William C. Luehrs
Alcohol and Drug Addiction Services

This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M.D., State Commissioner of Mental Health.

Ted Shelton..... *Director of Public Affairs*
Chief of Information

Susan Craft..... *Editor*

LIST OF PUBLICATIONS

1. Annual Report (annually, on fiscal year basis)
2. The *Report*, monthly employee newsletter
3. *Psychiatric Forum*, professional journal published quarterly by the William S. Hall Psychiatric Institute
4. *D² — Data and Dialogue*, Community Mental Health Services monthly employee newsletter
5. S. C. Department of Mental Health Brochure
6. *Digest*, quarterly departmental magazine

THE COMMISSIONER COMMENTS

In October, 1974, at the 26th Institute on Hospital and Community Psychiatry of the American Psychiatric Association in Denver—the Columbia Area Mental Health Center was presented the Gold Award for Excellence for formulating—testing—and proving a thoroughly coordinated disaster assistance program.

It is unique—and it should make us especially proud—that this is the second time a Departmental facility and/or program has been so recognized nationally.

In 1967, under the able leadership of Skip Newton and Dr. Racine Brown, the Sumter Child Study project received the Gold Award for excellence for its comprehensive study of the problems of pre-schoolers.

Shortly after the return from Denver—we received the most surprising—and tremendously satisfying—news from the Joint Commission on Accreditation of Hospitals—that South Carolina State Hospital had been accredited for a full two years.

I will have additional comments about that later.

Then—we appeared before the state Budget and Control Board to present our budget request for Fiscal Year 1975-76—and again it is a major budget request focused on accreditation. We know our request is justified—we received a very cordial welcome by the Board—and Governor West was most complimentary about the work the Department had accomplished.

This was followed by our annual presentation before the Legislative-Governor's Committee on Mental Health and Mental Retardation—The Waddell Committee— at Hilton Head Island.

There we outlined the current status of the Department and its facilities, explained both our short and long range goals of continuing decentralization of the Columbia facilities and making a bold thrust into the communities—what we call the New Direction of the Department and its facilities.

And—again—we were assured of the support, cooperation and work of this key committee of the General Assembly.

On October 23 we were in Florence to announce the site selection for Village "C" to serve the nine-county Pee Dee section of the state. And I will comment later about the status of the Village System.

On October 24 came the long-awaited word—again from the Joint Commission on Accreditation of Hospitals—that Crafts-Farrow had qualified for another one-year accreditation. And that was what we had worked and hoped for. Again—more on that later.

On October 28 and 29 there was the conference entitled The Third Psychiatric Revolution—which I mentioned at the beginning—and then on October 30 we convened the annual meeting—work session of the Department of Mental Health.

Now—if that is not a mental health month—then I don't know what you would call it.

We are well into a change—a massive change for the better. We are well into a refinement—and an extension of the best mental health care delivery system in this nation.

Rather than calling this a revolution—I would prefer to call it compassionate and continuing progress.

And it is continuing progress which I wish to point out—progress and maybe a few setbacks—but progress nevertheless.

We did not just make progress at S. C. State Hospital and Crafts-Farrow State Hospital last year—nor the year before that—as some persons are prone to think because there was a definite accreditation crisis.

Progress was a visible thing these past two years because we have had most everyone's attention—from the national level and the Joint Commission on Accreditation of Hospitals—to the state level and the Governor—the General Assembly—the news media because of LWPs—the Village System and the contest between counties for these fine psychiatric facilities.

We have been doing many good things which have caught the attention of the public.

And we have made mistakes which, likewise, have caught the attention of the public.

Our visible progress is not just within the central institutions. We have made—and are making—that bold thrust into the communities.

Maybe it is timely to ask the question this year—"Who Are We?", for in the rush to plan and accomplish—to do and impress—to get and ask more—have we lost the most vital asset of all—our individual and our collective identity?

Have we been so goal-oriented—that we have forgotten that our primary objective is to be people-oriented? How can we help others find themselves—if we do not really know who WE are and WHERE we are?

It's fine and great to be psychiatrists—physicians—psychologists — social workers — nurses — psychiatric nurses — chaplains — nurses assistants — mental health specialists — chaplains — Nurses assistants — mental health specialists and counselors—addictions specialists—program specialists and coordinators—consultants —housekeepers—engineers — planners—supervisors—and by all means don't let me forget dieticians.

It's great to be all of these—and the many more job titles represented throughout our Department and its several facilities and divisions. But you will note I said "OUR" Department.

"Our" Department is the South Carolina Department of Mental Health—our responsibility by law is operation of the State's mental hospitals, centers and clinics, the joint State and community-sponsored centers and clinics—for the care and treatment of the mentally ill, epileptic, drug addicted and alcoholic.

I chose to read this definition from the Legislative Manual by pointing out that it includes no job titles in designating responsibility.

Thus—we are mental health workers—and I hope you will note I do not choose to clarify or confuse that by breaking it down into professionals, para-professionals—sub-professionals, supportive personnel or others.

We are all mental health workers.

I believe this properly sets the stage for a few remarks about the New and Revised Admission Laws which go into effect in January.

If this new and much needed law has done nothing else then it has ceased making mental institutions the warehouses of the unwanted. The law is so finely drawn as to who shall be committed and who must not—and the judicial process is so precise and exacting—that there is every reason to hope that no longer will the doctors and nurses, the psychiatrists—the aides—the social workers and psychologists—be the babysitters for society's misfits.

We are in a new day—and while there may be cause to criticize its late arrival—let's just be tremendously thankful that it is here.

This is not a revolution—it is more like an evolution. An evolution of conscience—of social conscience.

Probably the most dramatic evidence of change—of evolution—can be found in the concept of treatment programs we call the Village System.

As you are aware approval has been given for Village A to serve the Midlands—Village B to serve the Piedmont and, as I mentioned earlier, Village C to serve the Pee Dee.

We have had a slight setback in regards to Village A. We were ready to sign the construction contract with the low bidder—Mercury Construction Co.—when we were asked by the State Budget and Control Board not to sign—which in effect rejects the bids—and the project at this time.

It was the collective opinion of the Budget and Control Board that construction costs are now at a peak—and that within six months they will flatten out or turn downward and thus result in an even lower bid on this first Village project.

I will not argue their reasoning—for they may have information we have not been made privy to. It is necessary to keep in mind that this is not disapproval of the project and that probably it will be again advertised for bids within three to six months.

As further evidence that we still have the support of the Budget and Control Board—and thus the powers that be—we have been authorized to proceed with naming an architect for the drawing and design of Village B.

Villages A and B have a commitment of construction funds. Village C and the proposed Village D for the low-country coastal area do not have a commitment of funds. A site between Florence and Darlington has been presented to the Department for the location of Village C—and we are just beginning discussions with groups which probably will lead to a definite site offer in the low country in the immediate future.

We have told the authorities—and all others concerned—that the Department will be looking toward a substantial share of any federal revenue sharing funds or for a specific construction bond allotment under the State's Capital Improvements Bond program to pay for the construction of Villages C and D.

We cannot build all of the villages from the resources available through our own Departmental bond capabilities and still satisfy the construction requirements—renovation—remodeling, etc.—at the central facilities—specifically S. C. State Hospital and Crafts-Farrow State Hospital.

And with that—maybe it's time to talk about accreditation.

S. C. State Hospital has received a full two years accreditation—along with a list of recommendations for further improvements some two and one-half pages long.

Crafts-Farrow State Hospital has received a one-year accreditation—and a list of recommendations for improvements four pages long.

I cannot give you the rationale of the surveyors in arriving at their recommendation for accreditations of the individual facilities. I am well aware of the tender feelings involved here between those at Crafts-Farrow who rightfully think they worked just as hard as their counterparts at S. C. State Hospital.

But I don't think—(and I fervently hope)—that it is enough to get upset about to the point that we become dis-

satisfied or disillusioned to the detriment of the job which is still before us.

Every employee at every level—from the lower echelons to the highest—at both facilities—did an outstanding job in the work for accreditation.

Obviously the work which had been done impressed the surveyors of the Joint Commission. And obviously—together—we convinced them we would continue to reach for that goal.

I hope you all feel as I do. Minimum standards will never satisfy me. I, personally, will never rest until the patients in our care have maximum care—maximum benefits—the best of treatment—physical facilities—a residential setting which is equal to and commensurate with the best that an affluent society has to offer.

We are headed in the right direction at our Central facilities—and the New Direction which we keep talking about is toward the communities.

At our appearance before the Legislative-Governor's Committee at Hilton Head—we made specific requests which would:

1. Encourage immediate transition of clinics to center status
2. Establish a standardization—or equilization—of programs at all mental health centers—still leaving leeway for community centers to develop programs to meet individual needs of their areas
3. Revise the State-Local funding formula to make possible expansion of the community mental health programs to meet the needs of the patients and of former patients within the community.

We do not intend to repeat the mistakes of California and New York and Alabama—and others—by discharging patients back into communities which are not equipped with staff or programs to serve those patients.

At present seven Community Mental Health regions have seven comprehensive community mental health centers—

offering a broad range of services to patients and former patients.

Three key clinics are now well into the transitional phase—these are the Lancaster-York-Chester Center at Rock Hill—the Pee Dee Center at Florence—and the Coastal Empire Center at Beaufort.

This leaves four clinics still to make the vital expansion to center status—Orangeburg—the Tri-County facility at Bennettsville—our Horry-Georgetown-Williamsburg clinics—and the Aiken Unit.

We have asked the Waddell Committee to work with us toward the possibility of establishing some funding mechanism to bring about this necessary rapid move to center status.

We cannot hope for a complete community program until our 14-center system is complete.

At this point I would also like to mention one of our newest programs—pre-screening of patients and aftercare. The current year's budget included a little over \$400,000 for the development of these services—after we outlined this program as a vital need before the Waddell Committee a year ago.

These pre-screening and aftercare services are highly successful at this point and already they are functioning in 36 counties and serving the needs of some 4,600 patients—with an additional 1,500 being served in related programs.

Our budget request—just recently presented—includes another \$400,000 for pre-screening and aftercare work.

Again—I would like to stress—that a complete program of this nature—active screening of patients prior to hospitalization and follow-up of the patient once he or she leaves the hospital—adequate attention and supportive service within the home community—this will assure us that we will not repeat the mistakes of other states.

A related—and vital part of this thrust toward the communities—was the creation of four units of geographic linkage at S. C. State Hospital this past July—and the soon to be operational community re-entry project at the former Palmer College facilities which the Department has leased.

You are familiar with the Unit System—so there is no need for me to go into details. The Palmer site will be a full re-entry project with a broad range of day programs complimented by a social development project offered by Friendship Center—and we will slowly develop the full potential of an independent dormitory facility.

While it sounds trite—it is correct to note at this point—that it has been impossible to cover all the major events of this past year.

I think it is important to note—and for all of us to remember—that what we proclaimed as the New Direction for the South Carolina Department of Mental Health at the annual meeting in Charleston last year—is a reality.

I must make one point which I consider all important.

At no time in the history of our Department and our several facilities and divisions has there been greater pressure upon us.

I believe it is safe to say the suit now pending against S. C. State Hospital and the Department—in the United States District Court, may soon be called for trial.

The Department of Justice has entered the case as a co-plaintiff and in the past months we have been inundated with questionnaires and interrogatories.

Just recently Dr. Daskocil and his assistants completed answering a 40-question interrogatory—and when they were finished they had compiled over 3,000 pages—in six volumes which stacked over 18 inches high.

Our attorneys from the Office of the State Attorney General—and I must say at this point that these are extremely competent attorneys—and I would especially mention Mr. Ellison D. Smith, IV, Mr. Raymond Halford and Mr. John Choate. Mr. Smith informed the Judge of the tremendous amount of time which had to be taken to answer the questions—and noted that we expect to be reimbursed by the U. S. Government in the amount of \$31,000 for this effort.

Then—we got another questionnaire. I would hate to think this is their answer to our bill.

In our opinion—only half of the original case remains. You may remember that the original suit attacked the constitutionality of our admission laws as well as the adequacy of care and treatment.

With the passage of the new and revised admission laws during the past session of the General Assembly—the Constitutional question is now moot.

Since the case is pending—and the remaining issues are so fraught with controversy which comes from a legitimate difference of opinion—be it legal or professional—I am advised not to comment about this phase.

Still—I cannot help but think that the Courts—which are justifiably locked into the letter of the law—will look with favor upon the massive progress we have made and will be cognizant of the funding problems we have had over these many years.

It should be obvious to us all that much progress has been made during the past year—yet, much work remains to be done—and there are and will be constant pressures.

There is professional pressure to perform at the peak of excellence—using every ounce of our God-given and man-developed talents.

There is patient pressure—to deliver to them the best that we can provide—the best that a state allows us to provide.

There is pressure from the public to give them a guarantee that help is just around the corner—available in their communities.

That public also cries for us to help them remove the stigma—help them overcome an almost overpowering prejudice against the help they want and need.

There is pressure from the courts—pressure for us to do all the things we know we should do—without being told to do it by Court mandate, edict or decision.

There is pressure from our own conscience to do what is right—and this small voice from within ourselves is the one which cries the loudest—when we fail to do right—nor do our best.

There is a pressure which must make us believe we are all of one calling—we are all mental health workers. Our minds, our ideas, our determination to do for others, must span county lines, must link all of our facilities.

The strength of our Department—of our facilities—is determined today—tomorrow—and next year—by how well we work for and with each other.

This is a tremendous burden which has been placed upon us—the mental health of every citizen of the state.

But it is a burden we can all share.

And—as the lines from a once popular song remind us about a load which seems too much to carry:

“He’s not heavy—he’s my brother.”

ARCHIVES AND HISTORY DEPARTMENT

Located in the entire East wing, ground level, of the 1822 Mills Building, the original mental hospital in South Carolina (The Lunatic Asylum) designed by the internationally famous architect, Robert Mills of South Carolina, the Department of Archives and History continues to be of great interest and a source of information.

South Carolina was the second State to authorize and finance a hospital for the mentally ill, and the Mills Building is the oldest state hospital in the country in continuous use. This is now a multiple purpose facility.

The Archives depicts the history of South Carolina state care of the mentally ill. On display are historical artifacts, portraits, photographs, original handwritten documents, authentic furnishings used in the Mills Building and the S. C. State Hospital over the years, etc.

There are numerous inquiries necessitating extensive research referable to special therapies, diagnoses, data relative to former patients, information about the buildings, etc.

Since the official opening on May 7, 1972, there have been 2,084 registered visitors, local, statewide, national and international. Several hundred high school and college students were visitors. Officers in the Law Enforcement Training

School of the S. C. Criminal Justice Academy regularly visit the Archives as part of their orientation program.

The Department of Archives and History was authorized by the S. C. Mental Health Commission for Mrs. Inez Nolan Fripp Director, upon her retirement as executive secretary of Dr. William S. Hall, S. C. State Commissioner of Mental Health. She created and continues to develop this informative, historical department.

FRIENDSHIP CENTER

Friendship Center continues to serve clients who have experienced some emotional or mental illness and need assistance in making a satisfactory adjustment to the community. Several new groups have been started in 1973. One of these groups was organized to aid in weight reduction. The program has now expanded to include referrals from the Alcohol and Drug Addiction Center and there is a beginning program for the deaf. Friendship Center received a total of 335 referrals for 1973. These referrals come from 14 sources. One of the interesting facts about referrals is that many members refer others whom they feel will benefit from the programs. Total services rendered for 1973 were 4,844 and the number of members hospitalized during the year were 6.

DIVISION OF ADMINISTRATIVE SERVICES

ENGINEERING AND PLANNING

In cooperation with the Clemson Architectural Foundation, Master Planning for the Village system continued throughout 1973/74.

Serious difficulties were encountered in the construction of the Alcohol and Drug Addiction Center. Foremost was the use of an improper fire-retardant chemical for the treatment of wood structural members. This material caused some metal materials and equipment to corrode and has been a major factor among others in causing delays resulting from the need to study the possible long range effects of the corrosion and to replace damaged equipment. As of June 30, 1974, a firm completion date can not be established. A target date of early fall 1974 is tentative.

The Central Utility System is nearing completion and will be completed by mid-summer. The new lake dam was completed and the water has risen to a level which has allowed it to be stocked with fish.

The plans for Village "A" are completed and are awaiting for approval by the State Engineer. It is expected that the project will be sent out for bid in July of 1974 with the bid opening one month later.

The Mental Health Commission approved construction of Villages "B", "C", and "D" to be located in the Piedmont, Pee Dee and Low Country areas. Village "B" will be constructed first; however, its location is not known as of June 30, 1974, since several sites are being investigated. Local city and/or county governments are responsible for providing the property for the villages located outside of Columbia. An architect has not been selected for Village "B".

Village "C" will have the next priority and steps have been initiated to obtain property in the Pee Dee area.

Village "D" is to be located in the Low Country. A construction date for that village has not been set and will be determined by the availability of funds.

The Department changed over to the new State Centrex Telephone System in December of 1973. A new Information Center was established at that time in the South Carolina Department of Mental Health Administration Building. There are still some elements of the Information Center to be completed. Also in the development stage is a Department wide automatic fire alarm system. The design engineer is developing plans for each building in the Department and for each facility which for Crafts-Farrow also includes a new sound system for facility wide paging. This project should be ready to bid in late summer or early fall of 1974.

A number of plans are being developed for improvements to existing buildings at South Carolina State Hospital and Crafts-Farrow. These include additions to the central warehouse, and the administration building at Crafts-Farrow. A number of buildings at the two main facilities require air-conditioning.

The General Assembly by placing a limitation on the borrowing of money for Capital Improvements will seriously limit the amount of construction and remodeling that needs to be done by the Department.

FINANCIAL STATEMENT

July 1, 1973 — June 30, 1974

Expenditures 1973-74:

Office of State Commissioner:

Salary & Wages	\$ 97,328.03
Total	97,328.03

Division of Administrative Services:

Salary & Wages	1,419,684.73
Other Classes	424,524.49
Total	1,844,209.22

Division of Technical Support:

Salary & Wages	341,251.27
Other Classes	413,786.39
Total	755,037.66

Community Mental Health:

Salary & Wages	3,968,412.76
Other Classes	1,788,597.31
Total	5,757,010.07

Psychiatric Hospital:

Salary & Wages	16,464,446.42
Other Classes	7,092,281.74
Voc. Rehab. (State Quota)	150,694.40
Total	23,707,422.56

C. M. Tucker Center:

Salary & Wages	991,094.30
Other Classes	404,315.21
Total	1,395,409.51

Division of Education, Research Services:

Salary & Wages	2,640,179.27
Other Classes	521,664.43
Voc. Rehab. (State Quota)	8,709.30

Total	3,170,553.00
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Division of Alcohol & Drug Addiction:

Salary & Wages	486,661.93
Other Classes	211,929.21
Voc. Rehab. (State Quota)	4,461.10

Total	703,052.24
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Grand Total	\$37,430,022.29
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Source of Funds:

State Appropriation	\$29,925,928.81
Federal Grants	2,114,851.20
Local Funds	1,656,975.52
Alcoholic Taxes, Fees & Fines	312,869.59
Institutional Revenue	2,037,497.92
Medicaid	1,381,899.25

Total	\$37,430,022.29
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Revenue Statement (Revenue Remitted to General Fund):

Community Mental Health:

Institutional License Fees	\$ 193.75
Total	193.75

Psychiatric Hospital Services:

Sale of Salvage	1,656.35
Rents	8,255.77

Total	9,912.12
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Grand Total	\$ 10,105.87
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Finance & Accounting:

The primary function of Finance & Accounting is to control and keep records of expenditures and funds for the Department of Mental Health. This office also maintains records on patients accounts, investments, collections of Patient Fees and canteen accounts. The Finance Office has almost daily contact with the offices of State Treasurer, Comptroller General and State Auditor. During the year Finance & Accounting has worked towards the development of a Financial Management System to be implemented July 1, 1974. This system is being implemented to render a more accurate accounting service for the Department of Mental Health.

FORMS CONTROL

Work began in January, 1973, to replace forms in the automated inventory system of the SCDMH. This system brought all stock forms under one control and central location in the SCDMH Administration Building although a small stock of some few forms is maintained in several satellite supply points. The major responsibility for coordinating this effort which went into operation in April lay with the Inventory Control section with cooperation from Forms Control and the Print Shop.

The overall system is working well with the addition of one full-time employee and has proved beneficial in work savings and in service to the user.

On December 15, 1973, telephone service changed from a private branch exchange (256-9911) to the South Carolina State Centrex System (758 Exchange). In the Centrex system calls are made directly to the appropriate individual number. Operators are utilized to give information and to monitor information entered into the computer for access from CRT units. Three types of lines offer some control to the areas served:

Interior lines which operate only within the Centrex System

Restricted lines which will allow local telephone calls

Non-restricted lines which provide unlimited dialing capability.

Centrex service is efficient to personnel with fixed office locations, but adjustments have been necessary for medical and professional personnel who have responsibility in more than one building or area. Overall the system is from 20-25 per cent more costly for telephone service alone.

GRANTS

During the current fiscal year the Grants Section has administered thirty-three grants for a total of \$2,141,797. Twelve of these were for Comprehensive Community Mental Health Centers. Community Mental Health Services also had seven additional grants. S. C. State Hospital had six grants, Crafts-Farrow State Hospital had five grants and the William S. Hall Psychiatric Institute had three grants. Special projects administered during the year totalled \$237,916.

INTERNAL AUDITOR

Serving my period as Internal Auditor at the South Carolina Department of Mental Health, various job activities have been accomplished. Fourteen components (clinics and/or centers) of Community Mental Health Services have been audited in order to control operational functions. Annual and monthly reports are being submitted to the Friendship Center for United Way Grants. Annual audits have been performed at the Pharmacies (SCSH and CFSH). Semi-annual audits of the SCDMH commissary and recaps of inventory at the SCSH warehouse have also been performed. At the present time, annual audits for the Canteens (SCSH and CFSH) and the Farm (CFSH) are being accomplished. The policies and procedures for all cash flows within the South Carolina Department of Mental Health are nearing the final stages of development.

LEGAL BRANCH

The legal branch continues its primary function of the collection, enforcement and protection of the Department's claims and liens for medical care and maintenance rendered to patients. In addition, the legal branch provides counseling and/or assistance on a variety of matters which involve or could involve legal questions or problems.

LICENSING

- I. Meetings Attended:
 - A. September, 1973, APA and AMHA.....Miami, Fla.
 - B. November, 1973, ACNHA.....Kansas City, Mo.
 - C. December, 1973, ANHA.....New Orleans, La.
 - D. February, 1974, Catholic Hospital Association.....St. Louis, Mo.
(Health Services for Aging)
 - E. April, 1974, Fire Inspectors Training Seminar.....Myrtle Beach, S. C.
- II. There were thirty-five (35) Foster Community Care Homes surveyed for re-licensure which cares for 348 residents.
- III. The Department of Mental Health no longer is responsible for licensure for the mentally defective and epileptic facilities due to the law being passed in May, 1974.
- IV. Two new homes were licensed during the fiscal year which will care for nine (9) residents.
- V. There are sixteen (16) homes throughout the State that are presently being "worked with" for future development.
- VI. Travel amounted to 4,666 miles.

PATIENTS PERSONAL AFFAIRS

The Patients Personal Affairs Branch continued to serve its dual function of maximizing Department revenues and protecting the patients' financial interest.

Collections from Medicaid and Medicare exceeded \$3,500,000, a significant increase over FY 72-73. These collections were in spite of a dramatically reduced inpatient population.

A Purchase of Service agreement with the Department of Social Services has been renegotiated and should provide the Department with funding to expand services significantly.

The Patients Personal Affairs Branch has endeavored to take an active role in providing support services for the deinstitutionalization program. Financial resources have been developed in conjunction with the Social Work Service which have enabled long term patients to leave the institutions.

PERSONNEL

Introduction

During the 1973-74 fiscal year, the Personnel Office reviewed and updated many of the existing personnel policies and procedures of the South Carolina Department of Mental Health. New policies and procedures were researched and written as required.

The departmental testing procedure for Nursing Assistants was implemented in April, 1974, it is hoped that this will increase our retention rate of Nursing Assistants by assuring that all applicants have the mental ability to satisfactorily complete in-service education.

Employment Activities

During the fiscal year 1973-74, a total of 8,726 interviews were conducted by the Employment Section resulting in the employment of 1,621 people. This represents an increase of 44% over last year's employment. This was necessitated by an increase in the size of the department from 3,151 employees last year to 3,749 employees this year, excluding Community Mental Health Services.

A testing program was implemented during the past year for Nursing Assistant I applicants. Effective April 15, 1974, all applicants for the position of Nursing Assistant I were tested by the Employment Section using the Psychological Corporation's Fundamental Achievement Series Test. This test is used as a screening device to reduce the number of new employees who are unable to pass the in-service training program. As of June 30, 1974, a total of 443 people were tested, with 317 qualifying.

In addition, the Employment Section actively participated in programs to hire disadvantaged individuals. Over 100 people were hired through the regular and summer programs

of the Comprehensive Manpower Program and the Richland County Manpower Program.

The Employment Section has also been developing a new orientation class for new employees. This will consist of a sound-on-slide presentation. The equipment has been purchased and the program is nearly complete. We anticipate having this program in operation in the near future.

Classification-Compensation Section

Effective June 29, 1973, the State Compensation Plan was adjusted and the employees of the South Carolina Department of Mental Health received an average of 5.5% cost-of-living increase.

On July 13, 1973, a new performance appraisal form was initiated. This form allowed both the rater and the reviewer to have equal responsibility in preparing performance evaluations. The departmental Work Improvement Notice form was also initiated to coincide with the new performance appraisal form. The departmental directive on Employee Performance Evaluations was revised in order to improve the procedure, the major revision being that an evaluation given six months prior to the employee's merit increase could be used for the merit increase. This decreased the number of evaluations a supervisor was required to prepare during the year.

A special appointment rate for Registered Nurses was approved by the State Personnel Division and became effective June 29, 1973. This put the Department of Mental Health in a more competitive situation with the neighboring hospitals.

The South Carolina Department of Mental Health Work Hours Manual was completely revised and updated effective June 29, 1973.

During the fiscal year, several attempts were made to upgrade the non-professional nursing staff positions. The only positive result of these attempts was realized on April 5, 1974, when the State Personnel Division approved a minimum hiring rate for Nursing Assistants at \$4,800.00 per annum. All of our Nursing Assistants employed at that time below \$4,800.00 per annum were raised to \$4,800.00 on April 5,

1974, and this became the new special hiring rate for Nursing Assistants employed on April 5, 1974, or after.

The new minimum wage of \$1.95 per hour was implemented on April 19, 1974. This affected our employees on grades 01 and 02 of the 29 pay grade scale. The new minimum salary became \$156.00 bi-weekly, \$4,056.00 per annum.

During the fiscal year, the Classification Section conducted comprehensive audits of several divisions within the Department of Mental Health, including the Registrar Division at Crafts-Farrow State Hospital and South Carolina State Hospital, Supply and Service Division of Crafts-Farrow State Hospital and South Carolina State Hospital, the departmental Warehousing Division and the departmental Patients Personal Affairs Division.

During the fiscal year, approximately 690 employees of the South Carolina Department of Mental Health were reclassified, upgraded, promoted, etc.

Employee Relations

The departmental Employee Relations Specialist held 121 individual counseling sessions which involved 41 employees. In addition to individual counseling, there were nine group meetings with employees, their supervisors and other facility officials. There were six meetings held with representatives from other state agencies concerning complaints filed by employees of the South Carolina Department of Mental Health with other state agencies.

There were four meetings held by the departmental Employee Relations Specialist with facility personnel representatives to discuss mutual employee relation functions and specific individual facility employee relation problem areas. These meetings are now being held on a monthly basis rotating the place of the meeting from one facility to another.

During the fiscal year, there were eleven step 1, and seven step 2, and two step 3 grievances held within the Department of Mental Health. There were no step 3 decisions appealed to the State Employee Grievance Committee.

The South Carolina Department of Mental Health 1974 United Way Campaign was conducted during the months

of September and October, 1973. A total of \$23,527.96 was contributed during the campaign. A goal of \$19,000.00 for the Department of Mental Health was established by the United Way Headquarters; the department attained 123.83% of its goal.

The annual Cancer Fund Drive was conducted in April and May, 1974. Employees of the South Carolina Department of Mental Health contributed a total of \$1,175.09 to this very worthy cause.

The annual campaign to raise funds for the Easter Seal Society for Crippled Children and Adults of South Carolina was conducted during the month of April, 1974. Employees of the South Carolina Department of Mental Health contributed a total of \$753.12 to this campaign. This amount represents an increase of \$243.76 over last year's contributions.

The month of May being Mental Health Month, the Membership Committee of Mid-Carolina Mental Health Association again asked all state agencies within Richland and Lexington Counties to conduct Membership Campaigns during the month of May, 1974. During this campaign, 105 employees of the South Carolina Department of Mental Health enrolled as members with the Mid-Carolina Mental Health Association. This number represents an increase of 16 members over last year's enrollment during Mental Health Month.

The Employee Grievance and Appeal Policy and Procedures was revised in June, 1974. The revision was made to comply with the "State Employee Grievance Procedure Act of 1974," and to incorporate some additions that have been proven to be necessary by experience, along with spelling out some things that were generally inferred before. The most notable changes occurred in the reduction of time throughout the policy and procedures bringing the entire agency grievance process within a forty-five (45) working day time frame in keeping with the "State Employee Grievance Procedure Act of 1974."

PRINT SHOP

The Print Shop, with the initiation of a new Forms Supply System, has had the task of computing prices of printed

forms placed on the computer. There has also been other cost information *implemented* into this system.

For the fiscal year there were 6,303,593 impressions printed and a total of 16,835 masters to produce this amount of copies.

The Print Shop also has continued to perform other related functions such as collating and stapling, folding, book binding and padding of forms.

PURCHASING

The energy crisis has caused some real problems for the entire Department and especially for Purchasing. With help from the Energy Management Office we have been able to supply most fuel needs.

Plastic products such as disposable syringes, medicine cups, dishes and garbage bags are in very short supply. We will have some relief from the garbage bags since new garbage disposal units have been installed.

Paper products, especially toilet tissue, are short. Three carloads of paper have been cancelled. Dealers have given us small quantities but the quality is very poor.

Because of the shortages in all categories, considerable time is spent following up and trying to expedite orders.

Much work was done and many changes were made to implement the new financial management system that went into effect July 1, 1974.

With the additional work load one new position, Clerk Typist, was obtained during the year.

STAFF DEVELOPMENT PROGRAM

The Staff Development Program has fully designed and implemented a twenty-four hour course entitled "Basic Elements of Supervisory Training." Approximately 231 persons have completed this basic course, which will be offered to all supervisory personnel within the Department. Basic research and planning is underway for an advanced supervisory training program that will be offered to graduates of the basic course and other manager level personnel.

In cooperation with Midlands Technical College and State Personnel, the Staff Development Program has offered secretaries and office personnel a six hour course entitled "The Desk Set." Approximately 80% of the Department's secretarial and office personnel have attended this program, and it will continue to be offered to new personnel and others who wish to attend.

Responding to areas of special interest, the Staff Development Program has sponsored several short term workshops, and continues to develop and sponsor new programs to meet these needs. Program offerings thus far include: Letter Writing, Listening Skills, Retirement Planning, Communication Skills, Management of Time, Basic Statistics, and Therapy Models.

Of major significance is the granting of Continued Education Units (CEU's) to nursing service personnel who complete approved training programs or workshops. The Staff Development Program is now working to make all departmental personnel eligible to receive these nationally recognized units of credit for participation in approved educational experiences.

PROPERTY ACCOUNTING SECTION

Due to the transfer of the Director of Purchasing and Warehousing in October, 1973, the Property Accounting Section, which consists of Consumable Inventory Accounting, Fixed Assets Accounting, Upholstery and Warehouse Operations, began reporting directly to the Deputy Commissioner for Administrative Services.

Memorandum No. 7-73 dated October 3, 1973, organizationally assigned Ice Cream Processing to the Property Accounting Section. An in depth management study of this operation was conducted to determine if this operation should be continued. The study indicated that a savings of approximately 30 cents per gallon is being realized by the Department producing its own ice cream as opposed to procurement from a commercial source. This amounts to savings of approximately 9 thousand dollars per year.

This study was approved and action is being taken to procure a new freezer to replace one presently in use which is

worn out. Action was also taken to record inventory on a line item accounting basis to capture and maintain demand and cost factors.

Memorandum No. 21-73 dated November 7, 1973, centralized responsibility for disposal of scrap, salvage and surplus material at the Departmental level. This function has been assigned to the Fixed Assets Sub-section and sales are being conducted on the first Wednesday of each Month. Since the inception of the program, sales have amounted to approximately \$5,672 which was credited to the accounts of the several facilities.

Complete responsibility for operation of the freezer facilities was assumed October, 1973, and assigned to the Warehouse Sub-section. Assumption of these responsibilities has provided for accurate demand data being recorded which has resulted in orders for replenishment of stock being placed timely and for quantities required, thus lessening the number of stock outs.

Due to compressor failure, it was necessary to move all frozen products to Commercial space on May 21, 1974. Space was negotiated by the Purchasing Section with Capital City Cold Storage Company. This involved movement of approximately 160,000 pounds which was accomplished within three days. Incoming shipments were diverted to Capital and a schedule of withdrawals to meet Food Service demands on a twice weekly basis was formulated. No major difficulties or supply failures occurred and upon repair of the compressors, all frozen products were relocated to Department facilities by July 3, 1974. Noteworthy of mention is that with all the transactions involved only one 10-pound box of frankfurters was lost, for which Capital City Cold Storage reimbursed the Department. Total cost of this commercial storage was \$2,930.

Stock Fund operations were conducted in accordance with prescribed policies and procedures with inventories conducted with the exception of the two pharmacies, semi-annually in April and October of each year. These inventories, in addition to being monitored by the Departmental Internal Auditor, were tested by representatives of the State Auditor's Office and Blue Cross-Blue Shield. Blue Shield Auditors were

extremely complimentary of the Stock Accounting procedures and documentation. There are 3,000 line items presently maintained in stock with dollar value as of June 26, 1974, \$1,288,267.

The pharmacies operated in the Byrnes Clinic, South Carolina State Hospital and the McLendon Clinical Center, Crafts-Farrow State Hospital are inventoried once annually. These two pharmacies carry 1,269 and 1,323 line items respectively with average combined dollar value of 250 thousand dollars. Inventories resulted in minor stock adjustments with no dollar loss and actual gain of \$8,314.

Program to computerize and control all Department of Mental Health Forms was initiated in January, 1974, in cooperation with the Forms Control Analyst, Management Branch. All forms were assigned stock numbers and inputted into the Consumable Inventory Programs. Each Supply Point was inventoried and forms were returned to the Forms Supply Room to be centrally stocked and issued. Only minimum quantities of forms on a highly selective basis are maintained in Supply Points. This program was completed and placed in operation in April, 1974, with 1,560 forms in the program.

Inventory of Major Movable and Fixed Equipment of all South Carolina Department of Mental Health Facilities and Community Mental Clinics and Centers was completed during the year. Policy and procedural statements as well as the Computer Program pertaining to the Property Control System have been furnished to Computer Systems Management Section of the Office of The State Auditors for possible application to other State Agencies.

BUDGETS

During the 1973-74 fiscal year the South Carolina Department of Mental Health was confronted with a crisis situation. Failing to meet minimum standards set forth by the Joint Commission, the Department risked losing its accreditation. It then became the responsibility of the budget section to assist in determining the funds necessary to meet minimum standards of accreditation and to properly format this request into an acceptable budget for the fiscal year 1974-75.

The Department submitted to the Budget and Control Board a requested increase of \$12,285,560 for fiscal year '75 and received approval for \$8,915,025 representing 72.5% of our original request. Of the \$8,915,025 approved increase, \$6,879,479 will be applied to Personal Service (630 new positions), and \$1,152,044 is for Other Operating Expenses and \$883,502 will be used for Special Items.

EMBALMING

During the 1973-74 fiscal year, there was a total of 467 deaths within the South Carolina Department of Mental Health facilities. Sixty-six (66) of these were autopsied and embalmed. Prior to November, the embalming had been done by a licensed embalmer on a contract basis. Effective in November the Department obtained a licensed embalmer. The Department is responsible for embalming only the autopsied cases.

DIVISION OF PROGRAM DEVELOPMENT

This Division is responsible for Departmental program planning, program evaluation and organization development. The major foci of activities for the year involved continued program planning for the Village System, the initiation of a revised long range comprehensive plan for the Department to be completed in 1974-75, the initiation of a Departmental program evaluation strategy, the initiation of a Departmental office for program development in youth services (see Office of Youth Services following), and extending the working linkages between this Department and other agencies and organizations such as the South Carolina Health and Social Development Council.

OFFICE OF YOUTH SERVICES

In January, 1974, this office was established to assist the Departmental programs for the population group age 17 years and under. The function of the office include the following: Promote the appropriate program linkages among the several parts of this Department which provides services to children and youth; work with other agencies, councils, and institutions which provide services to children and youth, by serving as key liaison for the Department with such

groups; develop, articulate, monitor and keep current the Department's plan for children and youth programming; keep in close touch with national development in programs, funding patterns, resources, etc., for children and youth.

DIVISION OF TECHNICAL SUPPORT SYSTEMS

Since its creation in February of 1972 this Division has concentrated on service oriented goals. The objective of the Division and each section is to build a sound yet flexible instrument that will serve as a guide to services in the future development of computer systems as well as form a basis for the development of future systems designed to suit the changing needs of SCDMH.

Four sections make up this Division, which are the Computer Center, Business Systems, Statistical Section, and Clinical Systems. The following is a review of the accomplishments of each for fiscal year 1973-74.

COMPUTER CENTER SECTION

Initially the IBM 370 Model 145 computer was installed with a real storage capacity of 256,000 bytes. This year the computer was upgraded to 512,000 bytes of real storage. The disk storage capacity has been increased from 400 million bytes to 800 million bytes of information. All of this allowing for a much faster through-put.

Also added to the computer this year, are five local IBM 3277 CRT terminals and six remote IBM CRT terminals.

The Computer Center is presently in the process of attaching the South Carolina Board of Health as a remote user of the Department of Mental Health's Computer.

BUSINESS SYSTEMS SECTION

The function of this section is to design, program and implement business systems within the Department of Mental Health for the purpose of computerization.

A Financial Management System, which became operational June 28, 1974, required a major effort due to the complexity of the system and the necessity of modifying a majority of existing programs in order to make them compatible with this system.

Approximately 200 programs have been modified to accept the new alphanumeric account numbers. These modifications were made necessary by new accounting structures and changes in departmental billing and codes. Conversions were necessary in Payroll, Vacancy, Consumable Inventory and Property Inventory masters from old to new account numbers.

An additional conversion was brought about in the Payroll Master to comply with the requirements of the Brown Report. Changes were made in all classification codes and pay grades, and salary adjustments were applied according to the rules supplied by Personnel.

A new Personnel Strength System was designed and written. The Payroll Master is the source for filled positions and a Vacancy Master is maintained as a source for vacant positions. In addition to improved accuracy, it eliminates much duplication of effort and computer time.

A new Telephone Billing System was designed and written to report charges in the Centrex System. The tape received from General Services Administration is edited, converted to the Mental Health accounting structure and printed showing the detailed charges for each Division.

Several new systems are now under development which will utilize the features of the Multi-State Information System and the Missouri Standard System of Psychiatry to meet specific needs of the South Carolina Department of Mental Health. These new systems will provide additional demographic data for research and statistical reporting. Computer generated A and D sheets will be produced; patient face sheets will be generated on the remote terminal printers for the patient records. Generalized alphabetical listings will also be available on the remote terminal printers. A system study of a drug order system, not limited to psychotropic drugs, is now underway.

The technical staff of Clinical Systems has been expanded to include two additional programmer analysts. Several training courses and seminars were attended by members of the technical staff to keep abreast of new computer techniques and developments. An IBM software package, Customer Information Control System (CICS) was obtained to sup-

port the terminal system. Training sessions in both the implementation and application phases of CICS were attended.

The Clinical Systems Section participated in the formation of a consortium of users of mental health information systems. Representatives of Nebraska, Georgia, and Tennessee also took part. The purpose of the consortium is to provide education, consultation, and technical support for the development of mental health information systems applications.

CLINICAL SYSTEMS SECTION

The Personnel and Patient Locator System was implemented in December, 1973. This system provides access of patient and personnel location, status, and demographic information via an IBM 3270 display terminal. Local terminals are located in the Central Information Office, Computer Center and the Clinical Systems Section of the SCDMH Administration Building. Remote terminals consisting of a CRT terminal and a remote printer are located in the admission offices of each facility and at the Columbia Area Community Mental Health Center. An on-line update feature was added to the PPLS in May, 1974. This feature allows updating of patient records in the A&D Offices from the CRT terminals. This has resulted in more timely updating and the ability to provide current up-to-date patient information.

In February, 1974, Clinical Systems Section provided computer support for the conversion of a patient identification numbers from the Social Security Number to a new 7 digit identification number. New patient numbers were generated based on the facility and the two terminal digits of the old identification number. Labels for patient folders and listings of new numbers were provided. Seven thousand addressograph plates were computer generated and distributed.

Conversion was completed of all systems and programs from Univac to the new IBM 370/145. Modifications have been made to all systems to take advantage of the increased capabilities of the new Computer.

Future plans include a system for updating the Vacancy Master on-line, an on-line Personnel System, and re-write of the Patient Billing System.

It is also planned to re-design Purchasing and Inventory procedure to interface with the proposed State System.

Modifications and new programming are planned in the Financial Management System to meet the Department's specialized needs. Continued improvements will be made to take advantage of the new computer and techniques.

RESEARCH AND STATISTICAL SECTION

During the past year the Research and Statistical Section has developed data files which allow rapid access and processing of the information available. Requested information is generally provided to users within a few hours of the time the request is received.

Six-week seminars have been provided at two of the facilities on utilization of computers in research. An on-going seminar is also being provided at the William S. Hall Psychiatric Institute on statistical methods in research. During the coming year such seminars will be made available to staff of several other components of the department.

SOUTH CAROLINA STATE HOSPITAL COLUMBIA, SOUTH CAROLINA

SUPERINTENDENT'S REPORT

The fiscal year 1973-74 was a year of preparation and planning at the South Carolina State Hospital. The preparation during the early part of the year was for a survey by the Joint Commission on Accreditation of Hospitals. The survey was conducted on July 11, 12, 13, and 14, 1973. In early September notification was received that the hospital had been accredited for a period of one year. While the full two year period of accreditation was not achieved, it was the first survey to be conducted under the new standards for psychiatric facilities, and the hospital staff had a tremendous job preparing for this event. Many staff members worked extremely hard to prepare facilities and records prior to the survey.

Throughout most of the remainder of the year, a group of staff personnel devoted considerable time and effort toward the development of new and revised organizational concepts for the delivery of services to patients. The result of this intensive project was a proposal for the reorganization of treatment services into units. Under the proposed reorganization, treatment programs will be established as units which relate to specific geographical sections of the state or provide specialized treatment services.

The basic purpose for the proposed reorganization of treatment services is to develop and implement programs which provide more equal and adequate services for all patients. It will attempt to distribute staff and other resources throughout the hospital in a more equitable and effective manner. Additionally, it is anticipated that the unit system with its orientation toward geographical sections of the state will develop and promote more community interest and support for patients in the hospital. It is anticipated that the unit system will be implemented early in the new fiscal year. Preliminary arrangements and plans for the relocation of patients and staff assignments for each unit have been completed. The implementation of the unit system is the major priority of the hospital for the coming year.

The hospital census during the year was reduced markedly. The census at the close of 1971-72 was 2,596. At the close of fiscal year 1972-73, the census was 2,192. This was a reduction of 404, or 16% decrease, in the census during the year. A considerable reduction occurred among the chronic patient groups where treatment programs have been significantly improved during the past several years. A contributing factor was the reduction in the number of admissions. There was a reduction in the number of admissions of 338, or 15.5%, from the previous year.

A major effort was made during the year to improve patient facilities throughout the hospital. Some of the older buildings are very difficult to improve. However, a concerted effort was made to make improvements in all areas of the hospital. Special attention was directed toward the improvement of patient areas, including the provision of more privacy for patients as well as general environmental factors. The LaBorde Building was completely remodeled and air-conditioned. Demolition of the North Building, formerly a ward building for women, was started during the year. This building, no longer suitable for treatment programs, is the first major building to be demolished at the hospital in approximately 20 years.

Additional permanent improvements are urgently needed in order for the hospital to be able to provide the kind of facilities needed for the care and treatment of patients. Approval has been received for the installation of a fire alarm and smoke detection system. Development of plans and specifications for this project are well underway. An engineering firm has been selected to develop plans and specifications for the air-conditioning of Allan, Saunders, Cooper, and Preston Buildings. It is hoped that funds can be made available to remodel and air-condition Thompson and Trezevant Buildings.

Any summary of the year would be incomplete without an expression of appreciation and gratitude for the services of many people. To some extent, the effectiveness of every organization is contingent upon the interest, dedication, and support of its employees. Hospitals, in particular, are this way, since their ultimate product is always the delivery of personal services to patients, in one way or another. Ac-

cordingly, we acknowledge with sincere appreciation, the high caliber of service provided by many employees of the South Carolina State Hospital.

VOLUNTEER SERVICES

Services and donations of Volunteers enhanced and contributed to total patient care. During the year, five new Volunteer Groups joined the 48 already serving. All Group Volunteers had specific monthly assignments and visited on a regular basis of from one to two hours. Group Volunteers provided activities mostly of a social or recreational nature and varied from 3 to 12 members. Area churches, garden clubs, school groups and civic organizations were represented among the groups.

Twenty-six additional groups served on special occasions during the year. Fourteen of these Occasional Volunteers provided group entertainment for the Christmas Program. The remaining 12 served not only at Christmas time, but on Mother's Day, Easter, Halloween and Thanksgiving.

More than 100 Individual Volunteers served during the year and had specific job assignments in the various disciplines. Individual Volunteers were supervised by staff and contributed to the overall Treatment Program of patients. Housewives, retired persons, and students made up the corps of Individual Volunteers. Many were college students who requested assignments to work directly with patients. Only a few asked for clerical duties. All Individual Volunteers served twice per week and assignments were from two to four hours. During the year two Recognition Services were scheduled to recognize student volunteers and Certificates of Appreciation were presented each.

Much interest was shown throughout the year in several programs. Adopt-A-Ward continued to be popular; was promoted by the South Carolina Mental Health Association and several County Chapters adopted wards. Small clubs and Sunday School classes were interested in Adopt-A-Patient and "adopted" individual patients.

The Friendly Visitor Program was popular with Individual Volunteers.

The Christmas Program was the greatest, with reference to gifts and contributions, and more than 17,000 gifts, and nearly \$1,500.00 was provided by South Carolina citizens.

DEPARTMENT OF PROFESSIONAL SERVICES

MEDICAL STAFF

An intensive program to recruit psychiatrists and physicians during the year was conducted. Advertisements were placed in several professional journals and some response was received. The recruitment of an adequate number of trained psychiatrists is still a major problem of the hospital in its effort to provide the level of treatment services needed for all patients. This is an especially significant need for the proposed unit system since the medical staff has the ultimate responsibility for treatment programs.

NURSING SERVICE

Nursing Service showed an increase of 135 positions during the year. Among these were two Program Nurse Specialists, one as assistant to the Director of Nursing, who continues to emphasize Nursing Education, and one on a temporary basis in the Admission-Exit Unit. The Program Nurse Specialists II and I, freed largely from administrative duties, concentrated on implementing changes in delivery of nursing care. The Program Nurse Specialist II developed a core group of ward treatment specialists whose education (all have baccalaureate degrees) and training in the treatment modalities will assist in carrying out as well as in the planning of new treatment and more participation in interpersonal relationship with patients while conducting or assisting in the conduct of wider inclusion of patients in a variety of activities.

Educational opportunities for nursing personnel were developed. These ranged from informal discussions regarding dynamics of behavior and treatment modalities to planned classes for staff members, providing them with answers to questions and new information on topics in which they were interested.

The following list shows some of the materials within which nursing personnel at all levels became involved:

1. Weekly patient care conferences held on the wards.
2. Activity groups conducted on the wards by nursing personnel with cooperation and instruction provided by Recreation Therapy.

3. Physicians held informal inservice training classes on the wards.
4. Psychologists and Social Workers served as consultants to the nurses and staff members.
5. Nursing Staff participated in treatment teams, social learning programs, and a variety of behavior modification efforts. Hopefully, while much remains to be done, the changes noted in staff-patient involvement will continue and grow.

Nurses participated in Continuing Education Workshops sponsored by external community agencies such as:

1. "Standards, Psychiatric-Mental Health Nursing Practice" offered by the Psychiatric-Mental Health Nursing Section of the South Carolina Nurses Association.
2. "Drugs and Drug Abuse: Implications for Nurses" sponsored by the South Carolina Commission on Narcotics and Controlled Substances.
3. The State Convention wherein the Director of Nursing joined the Psychiatric Conference Group in role playing depicting current changes in nursing practice.
4. "Evaluation of Quality Nursing Care" sponsored by the University of South Carolina.
5. Practical Nurses were released officially to participate in their own convention.
6. "The Nursing Audit Workshop" sponsored by the Hospital Association and the Joint Commission for Accreditation of Hospitals.
7. Attended Educational Television Programs at the William S. Hall Psychiatric Institute.
8. Several levels of staff completed courses in Principles of Supervision sponsored by the South Carolina Department of Mental Health.
9. "Basic Group and Family Therapy Techniques" sponsored also by the South Carolina Department of Mental Health.

10. Most clerical personnel attended the "Desk Set," a communications class sponsored by the Department of Mental Health.

SOCIAL WORK SERVICE

During the past year, the Social Work Service staff has seen its focus as two-fold; that of working toward the further establishment of a modified Geographical Unit System and in turn, the development of a closer working relationship with the Community Mental Health Centers, and an Inservice Training program geared to meet the needs of staff at all levels toward the enhancement of patient care.

The Geographical Unit pilot project in the Allan Building implemented two programs, a token economy system for patients on the closed wards and a point system on the open wards. On the latter, social reinforcers were utilized which more appropriately reflected the realities of living in the community. Concurrently the social staff continued to work in close collaboration with the Aftercare staff at the Spartanburg Area Mental Health Center, and through them, other appropriate community agencies in the development of a service delivery system that was community oriented and focused on the provision of services to patients needed to help sustain them in the community.

Perhaps the two greatest achievements of this combined effort with the community was the placement of two long term patients in independent living in an apartment setting and a consultation program for one of the larger boarding homes in Cherokee County. In the latter, the staff working with the Mental Health Center and the Cherokee County Department of Social Services, visited the boarding home on a scheduled basis utilizing local agency and volunteer resources in developing a program of service to enhance the quality of life for the boarding home residents. This program was extremely well received by the Boarding Home Operator and of the ten patients placed in the boarding home during the course of the year none have had to be returned to the hospital.

A program similar to the Allan Building project was developed for Charleston County patients in the Preston Build-

ing and the Anderson Area patients in the Thompson Building. In both, the Social Work Staff became actively involved in joint program planning with the respective Mental Health Centers and through their combined efforts a number of patients were helped to return to community living.

While the Social Work Staff has long recognized the need for an on-going Inservice Training program efforts in this direction were quite fragmented until June, 1973, when an Inservice Training Coordinator joined the staff. During the past year Inservice Training has become a continuing program with the goal of providing training geared to the individual worker's need toward upgrading service delivery to patients.

PSYCHOLOGY SERVICE

The Psychology Department has expanded its staff in order to provide more care for chronic patients and to implement an intensive treatment program for children and youths, ages 6 through 17. This program is supported partially by a Federal Grant of \$100,000 per year. The psychology staff for the Child-Adolescent Unit includes one (1) Ph.D.; one (1) Ph.D. (abd); one (1) M.A.; and ten (10) B.A.'s who serve as Clinical Counselors. The total staff-patient ratio for the Child-Adolescent Unit is better than 2 to 1. Video equipment was obtained through a special grant funds for the purpose of both treatment and training of staff, and parents either here or in the mental health centers. The department staff, in addition to those assigned to the Child-Adolescent Unit include seven (7) Ph.D.'s; one (1) Ph.D. (abd); ten (10) M.A.'s; and fifteen (15) B.A.'s. The hospital is focusing much of their attention on improving community-hospital relationships in the Child-Adolescent Unit and definite progress has been made to implement this type of program.

The Educational Therapy for youths under 21 is provided jointly by the hospital and the Richland County School District #1. Five (5) teachers provide instruction for grades 1 through 12. A ten-week summer school program is provided by the hospital. Behavior in the classroom is managed in a therapeutic way by close cooperation of the unit staff with the teachers. The credits earned by each child are recorded on his official school record. In addition to the academic

teachers there are a Master's level Speech Therapist and two (2) Pre-Vocational teachers. It is anticipated that the pre-vocational grant funds will continue for the third year.

Inservice training for a departmental staff has been provided by having three (3) workshops. The visiting lecturers were Irvin B. Weiner, Ph.D., author of a number of books on the Rorschach Test; Luke B. Watson, Ph.D., author of books and annuals on behavior modification techniques; and William Boardman, Ph.D., Director of Clinical Training at the University of Georgia. In addition, staff psychologists have provided Seminars on Group Therapy and Behavior Modification Techniques for the immediate psychologists under their supervision. The psychology staff in Remotivation requested and received a Seminar on medication.

A "Spartanburg Unit" was initiated as a forerunner of the proposed division of the hospital into four (4) geographical units to correspond with designated mental health centers. In this unit a program of group therapy and activities was initiated on the open wards and a token economy program on the closed female ward. The staff in Thompson Building directed their efforts to selecting Anderson County patients to fill any vacancies occurring since there were indications that Thompson Building might become a unit for the Anderson County Mental Health Center. Representatives from that center and volunteer workers visited the Thompson Building frequently and made both personal and monetary types of contributions. The behavior program on the closed wards of Thompson was continued as in the previous year with more intensive group therapy being initiated for the patients on the two open wards. The Social Learning Program in Lieber continued its successful treatment of acutely ill male patients. The criteria was altered as the type of admission varied. Some efforts were made to extend the program to the female side of Lieber, but this effort was never fully implemented in view of the impending reorganization of the total hospital.

While all treatment programs were, by necessity of the patient movement to units, terminated, the staff will work to have therapies reestablished by mid-August.

ACTIVITY THERAPY SERVICE

The Activity Therapy Service experienced increase in the number of professional and non-professional staff personnel, the quantity and quality of patient treatment services, and the professional education of staff personnel.

Clinic based services were expanded in all areas of the service with the addition of programs for deaf patients. A special training program in manual communication skills was conducted for approximately 27 weeks for staff personnel. A series of drug orientation lectures conducted by Inservice Nursing Education was conducted to make all employees of the service aware of the problems, medications, and behavior of patients with various conditions. In November, 1973, employees of the service participated in a special project to evaluate the Activity Therapy Service. An outgrowth of this evaluation was the decision to conduct a workshop in conjunction with the William S. Hall Psychiatric Institute for volunteers and staff of Community Mental Health Centers.

Library—The Horger Library received a federal book improvement grant for the sixth consecutive year. The grant was for \$5,762, an increase of \$1,762 over the previous year. This money was used to purchase approximately 900 books which are now in circulation. With an additional staff member, the visits to closed wards were increased during the latter part of the year and services were expanded to provide some evening hours and Saturday mornings.

Music Therapy—While the hospital population fluctuated consistently, Music Therapy had a total of 11,461 patient contacts during the year. A total of 1,329 patients were seen and received 4,824 hours of treatment in the Music Therapy Clinic. A total of 460 contacts were made on wards for music and 5,160 were spent in providing these services on wards.

Patients' Advisory Council—The Patients' Advisory Council has experienced particularly strong leadership during the year with a number of patients assuming responsibility for planning and participating in the activities of the organization. The hospital newspaper, "Variety," has been written, edited, and typed by patients. The dry cleaning pick up station and shoe repair service is now run by patients. The Patients' Bill of Rights, as proposed by the American Hospital

Association was presented to the P.A.C. for study and discussion. It was recommended that a Bill of Rights be adopted with some additional points that pertain more to mental patients being added.

Occupational Therapy—A utilization review committee for Occupational Therapy was established to review on a quarterly basis patient charts maintained in the O.T. clinics. An occupational therapy program for deaf men was started in February, 1974. Two pilot cooking groups were established in the Spring of 1974. A new occupational therapy schedule for patient treatment was proposed in early June, for implementation on July 15, 1974, in conjunction with the new unit system.

Therapeutic Recreation—The Therapeutic Recreation Staff was expanded from eight to twenty-eight employees during the year. The staff continued to work in the activity zone concept to help provide consistent quality treatment to the patients in each zone. The weekend program was expanded in June, 1974, to include supervised activity on the athletic field, club room, and the Benet Auditorium. Physical activities on the athletic field included softball, kickball, bocci, lawn shuffleboard, and horseshoes. The club room served as an arts and crafts center for the weekend. Table games, cards, ping-pong, basketball and volleyball were supervised activities in the Benet Auditorium.

Regular and Special Events—Movies were shown twice weekly to patients. Dances were held on Wednesday and Friday evenings with an average of 14,400 participants per month. A Christmas Crafts Fair, volleyball league, community prep program for boarding home candidates, resocialization film series aimed at personal hygiene, etc., and a therapeutic gardening project were conducted during the year as the need and season dictated. The Hoxie Brothers Circus gave a two show performance at the hospital with patients from open and closed wards of the hospital, the Columbia Area Mental Health Center, the William S. Hall Psychiatric Institute, and the C. M. Tucker Human Resources Center being invited.

CHAPLAINCY SERVICE

Chaplaincy Service continues to conduct morning worship services each Sunday at the Chapel of Hope and four chapels at Allan-Saunders — Cooper-Preston Buildings. Chaplaincy also sponsors Wednesday Vesper Service each week in the Chapel of Hope, as well as Catholic Service each Thursday morning. (Churches in the community continue to sponsor social gatherings for their particular patient wards.)

Holy Communion Services are held every other month in the Chapel of Hope and three Chapel services at Allan-Saunders-Cooper Buildings. On Monday following that Sunday, Holy Communion services are carried to closed wards for patients unable to leave the ward.

A number of patient groups were sponsored by Chaplaincy Service in various areas of the hospital. Five groups were held weekly in Kempson Center for patient participation and discussion.

Chaplains have assisted with tour groups in orienting visitors concerning our departmental activities. Also, Chaplains have assisted the Inservice Training Department to lead seminars in Chaplaincy activities for personnel training.

Clinical Pastoral Education programs have continued for ministers and theological students on pastoral care within the context of a mental institution. We had four chaplain residents during the year, and five summer chaplain trainees.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation program at the South Carolina State Hospital which began in 1958, continues to provide a wide range of services for patients. During the fiscal year a total of 190 cases were closed as rehabilitated. Rehabilitation plans were written for 372 patients and 317 cases were transferred to Department of Vocational Rehabilitation field counselors. Facility counselors made 322 direct job placements during the year and 44 clients were sponsored in training outside of the facility. During the year 371 clients were enrolled in Homemaking and Consumer Skills Program. A total of \$17,169.46 in case service funds were expended during fiscal year 1973-74.

PHARMACY SERVICE

Prescriptions and requisitions for the year reached a new high of 345,006. This was an increase of 148,391 over the previous year. There was an average of 1,327 prescriptions and requisitions per day. This amounts to an increase of 570 per day over the previous year. Receipts for drugs furnished Aftercare Clinic and Mental Health Center clients were \$37,619.40 for the fiscal year 1973-74.

Holy Communion Services are held every other month in the Chapel of Hope and three Chapel services at Allan-Samuels-Cooper Buildings. On Monday following that Sunday, Holy Communion services are carried to closed wards for patients unable to leave the ward.

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VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation program at the South Carolina State Hospital which began in 1958, continues to provide a wide range of services for patients. During the fiscal year a total of 180 cases were closed as rehabilitated. Rehabilitation plans were written for 372 patients and 317 cases were transferred to Department of Vocational Rehabilitation field counselors. Facility counselors made 322 direct job placements during the year and 44 clients were sponsored in training outside of the facility. During the year 371 clients were enrolled in Homemaking and Consumer Skills Program. A total of \$17,559.48 in case service funds were expended during fiscal year 1973-74.

DEPARTMENT OF ADMINISTRATIVE SERVICES

The functions of the Department of Administrative Services can be described as supporting services for treatment programs. The main thrust of the year was improvement in the hospital environment to provide better facilities for treatment programs. Many projects were initiated during the year to provide more privacy and comfort for patients and to generally enhance the areas where patients live within the hospital. Some personnel of the Administrative Services group were very much involved in the development of plans for the new unit system. A considerable amount of time and effort was also devoted to employee relations activities which have increased considerably in recent years.

Fire and Safety—During the year 14 fires occurred with an estimated total damage of \$572.19. Six classes were held in Inservice Training for Nursing personnel on emergency evacuation. A total of 164 new employees participated in this program. Automatic sprinkler bells were tested each month and those found not to be in good working order were reported to Engineering for repair. The sprinkler systems were also flushed at the test valves. Practice fire drills were held on each ward during the morning and afternoon shifts every three months. A total of 195 drills were conducted with these groups. A review of Fire Safety Procedures was conducted with Nursing Service personnel on the night shift every three months. All areas were inspected monthly for fire and safety hazards. All of the standpipes and hydrants were flushed during the year. The carbon dioxide fire extinguishers were weighed twice during the year.

REGISTRAR DIVISION

A major effort of the Registrar Division during the year was the extensive preparation for the survey by the Joint Commission on Accreditation of Hospitals. Policy manuals were written for each component and detailed position descriptions were prepared for each position in the division. The recruitment and retention of qualified personnel continued to be a serious problem. On December 15, 1973, the Department switchboard which had been a part of this division for many years was closed down. It was no longer

needed with the conversion to the State Centrex Telephone System. With the removal of the switchboard, and the transfer of the switchboard operators to the Department of Mental Health Information Center, it was necessary to establish an information point at the hospital in the Admission and Disposition Office, and staff it on an around the clock basis to provide adequate emergency coverage. At the same time an on-line communications system was established with the Department's computer through the installation of a Cathode Ray Tube device.

Admission and Disposition Branch—Approximately 55 to 60% of the patients admitted during the year were escorted by law enforcement officials. The assignment of a physician on a full-time basis to the admissions area during regular work hours has brought about improvements in the admission process. Opinions of the Attorney General regarding admission and discharge of some categories of patients and the civil rights of patients in general has resulted in revised policies and procedures which will better protect patients' rights. A new system for processing requests for patients' personal funds has greatly improved this service for the hospital's patients.

Transcription Branch—The number of belts dictated during the years increased 659. The large increase in total transcription is attributed to the fact that in preparation for the survey all dictation was current and we also had a carry over from the previous year. Additionally, more physicians and other personnel were dictating than in the previous year. The number of belts transcribed decreased by 82.

Court Section—There were 617 admissions to the Court Unit during the year. Of this number, 286 were discharged from the hospital and returned to the jurisdiction of the court, and 53 patients were retained in the hospital for treatment. A total of 256 sets of legal papers were received during the year, a significant increase due to the Supreme Court's decision in the *Jackson v. Indiana* case which ruled that all court case admissions declared mentally ill cannot be held for more than 180 days after admission unless a petition for judicial admission is initiated. During the year, 49 resident patients were judicially committed. The Attorney General's Office and the various Solicitor's Offices are working closely

with the hospital in this process. A new form was designed specifically to insure a patient's right to request a discharge. This form is given to and signed by every new admission as well as other patients who have not previously received one. The use of this form has increased the request for discharge markedly. A total of 212 requests for discharge have been made with 85 being granted. Additionally, 102 withdrew their requests and five were denied because they were retained and judicially committed. A total of 20 requests were denied because the patients had been hospitalized less than 30 days or they had been judicially committed less than six months.

SUPPLY AND SERVICE DIVISION

A very concerted effort was made by this division during the year to improve all aspects of the hospital environment where patients reside. In addition to these efforts, the normal support mission of the hospital's treatment programs was continued at the same level. New or renovated furnishings were placed in approximately 90% of the dormitories, day rooms, visitors' areas, lobbies, hallways, etc. These furnishings were attractive wardrobes, lounges of several different sizes, and more comfortable, upholstered chairs. Additionally, curtains, pictures, an assortment of tables, lamps and safety ash trays were placed in these areas.

New laundry equipment was placed in operation on June 6, 1974, and during the month 58,120 pounds of linen and clothing were laundered. This constituted 28% of the laundry requirements of the hospital for the month. It is expected that, when all equipment is delivered and necessary adjustments are made, 50 to 60 percent of the hospital's laundry requirements can be done at the hospital. The laundry work that has been done so far is of much higher quality than the work of the central laundry. This is the most gratifying aspect of the laundry situation at the present time. Serious thought should be given to providing facilities and equipment which would enable this hospital to accomplish all of its laundry requirements. It has been proven over the past 11 years that the Department of Corrections cannot provide adequate laundry service to this hospital.

The Housekeeping Branch has expanded its service into the ward areas during the year. Nursing personnel have been

relieved of the responsibility of custodial services for over 100,000 square feet of floor space. This area comprises some 24 wards in Babcock, Blanding, and LaBorde Buildings. The Housekeeping Branch is currently maintaining in excess of 400,000 square feet of floor space. Plans are being formulated to relieve Nursing Service of basic housekeeping responsibilities.

Combined canteen gross sales for the year were \$319,396.98, an increase of \$10,848.53 or 3.5% over the previous year. Store gross sales were \$140,175.63, up \$11,797.31 or 9.2%. Vending gross sales were \$179,221.35, down \$948.78 or .5%. Inflation is considered to be only a partial factor in the increased store business, as price reductions have been made on several occasions during the year. At present 22 items are being sold at cost plus tax. These are fast moving items, such as sugar, coffee, and tobacco products, other than cigarettes. The canteen store prices are equal to and in the majority of the cases, below those of neighborhood stores including one major chain grocery store. Cigarette sales in the canteen store constitute nearly 50 percent of gross sales.

FOOD SERVICE DIVISION

The Food Service Division prepared a total of 3,758,927 meals during the year. Of this total, 3,222,527 were prepared for the S. C. State Hospital. In addition, 19,379 meals were prepared for the Columbia Area Mental Health Center, 172,621 for the John M. Fewell Pavilion, 164,531 for the E. Roy Stone, Jr., War Veterans Pavilion, and 179,869 for the William S. Hall Psychiatric Institute.

A number of improvements were made in food service facilities during the year. Garbage disposals were installed in all cafeterias. This was necessary when the hospital could no longer dispose of garbage through commercial contracts. A new dishwasher was installed in the central patient cafeterias.

ENGINEERING DIVISION

All components of the Engineering Division were involved in the massive effort underway during the year to improve facilities for patients. A major aspect of this program was

the renovation of buildings, including floors, partitions, plumbing, lighting, air-conditioning, and other vital aspects of patient living areas.

The LaBorde Building was completely rebuilt with the installation of new floors, plumbing, lighting, air-conditioning, heating, windows. Space which was originally used for wards was divided into private rooms. When the interior was completed, the building was painted on the outside, giving it a new look on the exterior. The cost of this project was approximately \$85,000.

The plumbing facilities in Allan, Saunders, Cooper, and Preston Buildings were completely rebuilt to meet current standards. Partitions were installed in toilets and showers to provide privacy for patients. Improvements were made in plumbing in a number of other buildings and partitions were installed in all toilets and showers.

Major improvements were made in the Babcock and Parker Buildings with the installation of vinyl-asbestos tile over plywood on existing floors. This, together with the installation of partitions in a number of wards, improved the appearance and function of the Babcock Building considerably. Painting was done in a number of buildings using brighter colors. Grills were removed on doors and new wooden doors were also installed in a number of areas. Partitions were installed in wards of the Williams, Gibbes, and Parker Annex Buildings.

Considerable improvements were also made in the electrical distribution system in order to provide adequate capacity for the installation of air-conditioning and other essential equipment in some areas. A number of window air-conditioning units were installed in the Babcock Building and this work is continuing to eventually include the entire building. All of these special projects were accomplished by the Engineering Division in addition to the regular maintenance and repair functions.

Demolition of the North Building was started near the end of the fiscal year. This work should be completed by mid-September. This building needed extensive renovation and was not suitably designed for treatment programs. It is anticipated that a greatly needed parking area will be developed on the site of this building.

It is projected that many of the programs started during this fiscal year will be continued during the coming year to improve patient facilities as much as possible. Development of plans and specifications for air-conditioning of Allan, Saunders, Cooper, and Preston Buildings should be completed by late October. It is also planned to improve the lighting and other facets of these buildings as a part of this project. Remodeling of the Thompson and Trezevant Buildings is also planned for the coming year. A major improvement will be the installation of a fire alarm and smoke detection system in most of the buildings on the hospital campus. This project should be underway during the early part of 1975.

SECURITY DIVISION

The Security Division continued to experience an increase in its workload. During the year there were 927 warnings and 80 summons issued for parking violations. In addition, there were 147 warnings and 75 summons issued for moving traffic violations on the hospital campus. A total of 39 accidents were investigated. Of this total 33 occurred on the campus and six away from the campus. The leading cause of these accidents was improper backing. Eight Departmental vehicles were involved in these accidents and two patients were injured off campus in accidents. The Security Division drove a total of 82,606 miles and was involved in two minor accidents.

During the year a total of 5,621 calls were answered by the Division. These calls involved the transferring of patients, apprehending LWP cases and patients who had been drinking, traffic problems, prowler calls, bank deposits, and visitor problems. A total of 841 cases were investigated. Twenty-five cases were tried in City Recorder's Court. These included 15 cases of public drunkenness, two cases of disorderly conduct, one case of violation of state liquor law, one case of being under the influence of drugs, one case of resisting arrest, and one case of petit larceny. One case of driving under the influence of alcohol, one case of possession of marihuana, and one case in violation of S. C. 32-1030, were tried in General Sessions Court.

Security Officers received training and educational material from E.T.V. Police Training classes. Three new officers received on-the-job training and attended the 240 hour Law

inal Justice Academy. Four officers attended at 32 hour in-service training school sponsored by the Columbia Police Department. The Chief of the Division attended a 40 hour Executive Development Course at the Criminal Justice Academy.

The Security Division made presentations to classes at the Criminal Justice Academy on How to Recognize and Handle Abnormal People. These cases included approximately 400 law enforcement recruits from all over the state. Defensive Driving Classes for employees driving state owned vehicles were held in October for 180 participants.

SCSH LABORATORY

In the fiscal year 1973-74 the total number of laboratory procedures shows an approximate 4% decrease as compared with figures for 1972-73; this is related to an overall drop in admissions and of resident patients of approximately 9% each. The figures indicate an approximate 14% increase in total laboratory procedures relative to patient occupancy.

The Laboratory has made several major changes and additions during the year—a Test Procedures Manual has been produced and it is hoped that this will be of greater help to the staff; the Bacteriology Section has recently installed a CO² Incubator which will increase identification speed and the potential for the culturing of “minimal growth” organisms; a new Spectrophotometer has been installed in the Chemistry Section and a “Chloride Meter 920,” which will offer greater speed and accuracy, has replaced the outdated chloride method.

The Blood Bank Section has been improved both in premises and equipment.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

During the year, our planned improvement in treatment methods was enhanced by the establishment of special programs for Exit, mental retardates, and chronic schizophrenics. The latter two programs were started late in the year pending the increase in personnel. The special program for newly admitted patients (HIP II) and the program for chronic patients with work potential (HIP I) were continued and have produced excellent results.

Also late in the year, treatment programs for each patient were completed. In order to adequately follow-up these treatment programs, additional personnel will have to be employed. The shortage of personnel was improved considerably during the last two months of the year and our 1974-75 budget has been increased to the extent that our total personnel requirements will largely be met, provided personnel can be obtained.

The emphasis on placing patients in nursing homes or other alternate care facilities has been continued; however, due to financial problems, this method continues to be a disappointing means of reducing our overcrowding. Nevertheless the alternate care placements combined with 9% reduction in admissions, plus the effects of our Exit treatment programs, have enabled us to reduce the patient population by 263 during the year.

The continued admission of a large number of patients who have major physical illnesses continues to place a burden on the staff. Many of these admissions are basically nursing-home type patients; hopefully this type of admission can be reduced in the future.

In order to meet Medicaid and Accreditation standards, the major renovation of some present buildings and construction of new facilities will be necessary. At present, over 600 patients over the age of 65 remain in overcrowded, inadequate facilities. Seven buildings housing approximately 800 patients have inadequate lighting as well as insufficient power source to add air conditioning or washing machines and dryers necessary to meet Accreditation standards. None of the buildings, except the 150-bed medical center, meet requirements

and standards for licensure as nursing care, intermediate care, or resident care facilities in order to qualify for Federal Funds. As additional physicians, social workers, psychologists, and others have been employed to meet our needs, adequate office space has become a major problem. Renovation of present facilities and construction must be accomplished in order to provide adequate and efficient work space.

Major efforts have been continued in employee relations and development. A training course for supervisors as well as special education courses and training seminars has materially improved staff potential.

Volunteers have increased somewhat in number, but a great need continues in all fields for volunteers who will assist in patient treatment and management.

Continued emphasis has been placed on evaluation of treatment methods with the beginnings of a medical audit and evaluation section which will improve medical and nursing records with the goal of improved patient care and meeting requirements of Federal Professional Standards Review Organization.

Lack of privacy in our large wards is being alleviated somewhat by the construction of partitions in the present buildings and providing adequate locker space for each patient; however, overcrowding of buildings and lack of space prevent the accomplishment of this construction in many buildings and also prevents the establishment of adequate space for activities on the wards.

As many of our older employees can testify, we have come a long way in the last five years, but we certainly have many needed improvements yet to be made and must rely on the support of all concerned to meet the goals necessary for full accreditation.

ADMINISTRATIVE SERVICES

The Department of Administration Services is comprised of seven organizational components—Registrar, Supply & Service, Engineering, Food Service, Housekeeping, Security and Farm Divisions.

Each division has worked closely with the Department of Professional Services to provide the best supportive care possible for the welfare and comfort of all patients at Crafts-Farrow during fiscal year 1973-74.

In August of 1973, the hospital was awarded an additional one-year accreditation by the Joint Commission on Accreditation of Hospitals. Major deficiencies pointed out by the Joint Commission at that time were in the areas of staffing and patient environment. Steps are being made toward alleviating both these problems as funds permit.

In July of 1973, a long sought-after goal was realized when the Housekeeping Division was established bringing all Custodial Workers under the supervision of the newly created position of Executive Housekeeping. The main advantage of having a separate Housekeeping Division is to bring all such services under one supervisor thereby eliminating the fragmented supervision which had been the practice in the past. This organization relieves Nursing Service of these menial responsibilities so that they can develop and give their full time toward improving the quality of patient care.

In order to provide a means of correcting some of the laundry deficiencies experienced in the past, a commercial type washer and dryer has been installed in the Laundry Sorting Area. Towels, washcloths, nightshirts, etc., can be washed and dried on an emergency type basis or on weekends and holidays when inadequate clean laundry is a continuing problem.

Ward dividers or partitions currently are being installed in patient sleeping areas to provide more privacy for patients. Toilet and shower partitions have been completed in all of the buildings. Current plans include completely renovating Buildings 13 and 18.

All efforts of the Department of Administrative Services are geared toward compliance with standards set forth by the Joint Commission on Accreditation of Hospitals as more funds become available. Much has been accomplished during fiscal year 1973-74 to meet these goals and objectives; however, we realize that we must continue to strive diligently in the ensuing year to constantly improve the quality of patient care.

REGISTRAR DIVISION

Admissions and Dispositions Office

The Admissions and Dispositions Office became a 24-hour operation on March 1, 1974, so that this Facility would have its own information office manned around the clock. Five additional positions were approved for this operation making a total of 11 employees. During the year, a total of 2,300 patients was processed. Additional duties include recording and storing valuables and money on admission.

On April 1, 1974, the visiting hours were changed in order for family and friends to visit from 1:00 p.m. to 7:00 p.m. on weekdays and 10:00 a.m. to 7:00 p.m. on weekends and holidays.

Medical Records

This office processed 344 deaths and typed all medical and social dictation for the 2,300 new patients processed as well as for all present patients. This office has also seen an increase in private insurance claims over the year. Minutes of all meetings are typed and distributed through this section. Government regulation requires more documentation of what is being done; therefore there has been a marked increase in dictation both from Medical and Social Service.

Medicare

This office processes all Medicare patients both psychiatric and medical. They keep timely records on certifications and re-certifications and are audited quarterly by Blue Cross and Blue Shield in compliance with Titles 18 and 19. This work is very important in that, if certification of Utilization Review were not done, claims would be denied resulting in loss of money to the Department. Medicare claims increased due to the change in July, 1973, in the Medicare Law to allow benefits for disabled recipients of social security. Also there are approximately 850 Medicaid recipients at Crafts-Farrow who have to be recertified every 60 days stating that they need continued hospitalization.

Post Office and Patients' Personal Fund

This office was expanded to include a clerk to deliver mail, making a total of 3 employees. This office is also a Government Sub-Post Office and offers all the services of a Gov-

ernment Post Office. Money Orders sold amount to an average of \$800.00 per day and patients' disbursements total approximately \$4,000.00 per week, from such sources as Medicare, Social Security, V. A., and personal funds.

SUPPLY AND SERVICE

The Supply and Service Department continues requisitioning, storing and issuing of supplies to all areas within the hospital and to other facilities of the Department of Mental Health, as well as the Alcohol and Drug Addiction Center. We maintain records on expendable and non-expendable items, and hold periodic inventories. Several new employees have been added to Linen Distribution to give better service to all areas.

The Canteen has increased to four full-time employees and is now open both Saturday and Sunday for the convenience of patients, visitors, and employees. Vending Machines are available in several patient buildings. Profits from the Canteen are used for the purchase of recreational items and entertainment for patients.

ENGINEERING

As a result of many deficiencies pointed out by last year's accreditation survey, this Department had several major jobs to accomplish. Necessary obtaining and installing of partitions in ward areas for privacy were begun; fire doors, laundry equipment, and hot water mixing valves were installed for patients' safety and comfort; covered walkways were built so patients could go to the dining rooms without being directly exposed to adverse weather situations; roofs were repaired, nursing stations and overhead protection at an ambulance loading dock were constructed; various areas in many buildings were painted; while continuous routine maintenance was provided for all buildings on campus.

FOOD SERVICE

The Food Service Division served nutritional meals, regular or special diet as ordered by the ward physician, for the patients of CFSH. All menus were coordinated with those of SCSH.

The Division continued to improve service by the upgrading of some equipment such as special diet serving utensils constructed of non-breakable insulated fiberglass to replace glass dishes and hot pak carriers to provide warm food for special diets.

Meals prepared and served at *Crafts-Farrow State Hospital*:

Special diets and ground food prepared and served 1,250,916

Regular food prepared and served _____ 2,037,289

Meals prepared and delivered to *Midlands Center*:

Special diets prepared and delivered _____ 98,238

Regular and ground food prepared and delivered 393,609

Total meals prepared _____ 3,780,052

Midlands Center was billed for meals, fruit juices

and miscellaneous items in the amount of _____ \$263,311.20

Midlands Center was billed for milk in the amount

of _____ \$ 39,428.38

HOUSEKEEPING DIVISION

The Housekeeping Division was created in August of 1973 by a transfer of custodial workers from Nursing Service and Supply and Service Division and the creation of the position of Executive Housekeeper to handle supervision and administration for the new division.

During the year, additional personnel have been added so that, at the end of the fiscal year, 88 positions are filled. With the emphasis on upgrading skills of these personnel by on-the-job training and with the addition of one building not previously covered, as well as additional coverage in 4 others, the services rendered by Housekeeping personnel have been greatly improved over the past year. Close supervision and continued on-the-job training is expected to continue to improve the effectiveness of these positions. As money permits, it is hoped that we are able to offer custodial services to every building on the campus.

SECURITY

The Security Division continued its duties in the lines of law enforcement and fire and safety, traffic control, and the protection of persons and property.

Due to the death of the Chief Security Officer in December, this position was unfilled through the end of the fiscal year. Although shorthanded, the staff was able to perform satisfactorily by "pinch-hitting" as necessary.

All Staff members have now completed the 6-week course in Basic Police Training at the State Criminal Justice Academy.

During the year, the following activities were recorded:

1. Security Officers answered 754 calls to assist with upset patients.
2. Three hundred and two lost patients were picked up and returned to proper wards.
3. Sixty incidents were investigated, including thefts, fights, patient abuse and things of this nature.
4. Six accidents were investigated involving State vehicles.
5. Six accidents were investigated involving civilian vehicles.
6. A total of twelve fires were investigated (eight ward fires and four woods fires; none were serious).
7. A total of 36,188 miles were traveled by Security Officers during this reporting period.

FARM DIVISION AND GROUNDS MAINTENANCE

Activities at the Farm are maintained for treatment purposes for those patients who it is felt may benefit from such activities and responsibilities. In addition, the farm provides healthful fresh food products, such as bell peppers, cataloupes, squash, tomatoes, grapes, sweet potatoes, watermelons, turnip greens, cucumbers and eggs.

The continual care of the grounds by the Grounds Maintenance Branch has created at Crafts-Farrow a park-like atmosphere in which we can all take pride. In addition to routine maintenance (mowing, clipping, fertilizing, watering, etc.), this Branch handles planting of shrubs and flowers purchased by or given to the Hospital by various volunteers.

CFSH VOLUNTEER SERVICES

They also grow cut flowers for use in wards and the Chapel and Administrative areas.

Plans for a patients' monthly newspaper became a reality in September, 1973, when a Volunteer offered to edit "The Tattler," featuring news and articles of interest written by and for patients.

Garden Clubs, Mental Health Associations, and individuals assisted in efforts to improve the appearance of visiting and living areas by contributing curtains, pictures, green plants, and flower arrangements. Bird houses for purple martins and hundreds of bulbs and plants were donated for grounds beautification.

The Senior Citizens Project, sponsored by Mid-Carolina Mental Health Association, bought a new 15-passenger bus for the use of volunteers taking patients on trips into the community. Volunteer drivers contributed 450 hours.

Volunteers from the community and patient volunteers served more than 600 hours in Volunteer Services Clothing Shop, where donated garments were issued to indigent patients.

Two Music Club Volunteers gave 208 hours. Others helped regularly each week in craftrooms. Group Volunteers provided 582 parties, picnics, and special entertainment.

A workshop for recruiting and orienting prospective volunteers was held in May. Plans for the coming year include workshops and a drop-in honoring Volunteers for their services.

VOCATIONAL REHABILITATION DEPARTMENT

The Vocational Rehabilitation Department continued its efforts in the field of placing patients in job situations in the local community. During the year, seventy-five patients were placed in employment outside the hospital. Several of these patients were able to move out of the hospital into living quarters in the area, while others continued to live in the hospital and commute to their job each day.

A total of 1,338 patients were involved in various work therapy and personal and social adjustment training areas under the supervision of the Vocational Rehabilitation Department.

The Rehabilitation Workshop Facility on Green Street was again utilized, with ten men and three women receiving training and evaluation at that location. Also eight men and seven women were placed in training programs at Crafts-Farrow State Hospital—four men with pest control, four men with Food Service and seven women with Food Service. After receiving training, two patients were placed with the Supply Department with regular paying positions, two were placed with Housekeeping on regular jobs and one was placed in the Food Department as a regular paid employee.

The patients who were placed on work assignments within the hospital by the Rehabilitation Assistants participated in a wide range of activities, such as farm work, ward work, kitchen and dining room work, and clerical work. They also participated in work in the sewing room, craft rooms, Engineering Department and worked as messengers. The Rehabilitation Assistants continuously attempt to stimulate more patients to become involved in rehabilitative activities.

A total of one hundred forty-three patients were involved in the Home Economics Department where much of their training was in home-related tasks.

The emphasis was again on evaluation, training and renewal of previous vocational skills in homemaking, as well as in training for and renewing skills for jobs in the domestic field. Courses were given on nutrition, marketing, personal grooming, hygiene, sewing and general home-related tasks. The Department also made and served refreshments for patient parties and laundered and finished shirts which were sent to the Clothing Room.

A total of ninety-three patients received evaluation and training in the use of basic tools, small machine tools, general woodworking, electrical repair, painting, woodfinishing, yard and shop maintenance, and simple home repair, through the Vocational Rehabilitation Training and Evaluation work shop. Patient skill was utilized in repairing and painting the benches

used in the yard as well as in the construction of nightstands for patient use in Building 3.

The Rehabilitation Department in cooperation with Columbia School District 1, again offered Adult Education classes. A total of thirty-nine patients availed themselves of this opportunity. Of this number, some entered the classes for the first time, while others continued their education from the previous year.

One of the Vocational Rehabilitation Counselors received training in Manual Communication through the South Carolina Rehabilitation Department and was able to begin a class for deaf patients. Although this is a new project for the Department, the results are very rewarding.

SOCIAL SERVICE DEPARTMENT

During the past year there was no major change in the organizational structure of the Social Service Department. However, Social Service Staff, staff procedures and services were re-evaluated in an effort to strengthen weaknesses and make services to patients and families more effective. Taking a new look at procedures and services was especially important in view of added emphasis on individual patient treatment and discharge planning. This added emphasis led to a staff increase of seven (7) social workers, which allowed for a reduction in the case load of individual social workers.

The reduction of cases has allowed workers to give more time and services to individual patients and groups. To augment discharge planning and to achieve maximum use of existing alternate and after-care services and facilities, two social workers are actively and constantly working with all agencies and facilities throughout the state. This active role as liaison persons has been most effective in locating existing vacancies for placement of patients as well as providing after-care services.

Total number of contacts and services provided patients, families, collaterals and community agencies by the Social Service Staff:

A. Sources of Contact	1972-1973	1973-1974
1. With Patients _____	11,412	13,111
2. With Families and Collaterals —	8,011	9,203
3. Community Groups _____	112	217
4. Community Agencies _____	407	362
5. Letters _____	3,741	2,110
6. Boarding and/or Nursing Homes..	250	411
7. Court Referrals _____	24	31

Referrals made to community agencies:

B. Sources Referred	1972-1973	1973-1974
1. Department of Social Services —	1,102	1,280
2. Red Cross _____	7	5
3. Veterans Regional Office.....	6	14
4. County Public Health Service ____	103	79
5. Nursing Homes _____	175	237
6. Boarding Homes _____	75	42
7. State Vocational Rehabilitation ____	10	7
8. Mental Health Centers _____	156	362
9. Aftercare Centers _____	108	210
10. Private Physicians _____	186	88
11. Travelers Aid _____	7	2

PSYCHOLOGICAL SERVICES

Since mid-year of 1973, the Psychology Department has kept pace with the rising requests for services.

In accord with the hospital's continued emphasis on improving the quality of professional services, four new staff members have been added; there were only three on the staff a year ago .

The Psychological Division tested 98 patients and participated in individual and group therapy, treatment team conference, education, and community relations.

Inservice training has developed into a comprehensive undertaking. Instruction covered routine psychological procedures and unique approaches to human relations. More recently the department focused on interdepartmental seminars. Attendance at professional workshops was encouraged.

Monthly meetings were held to assess services, for presentation of case studies and to review hospital requests for psychologicals. On occasion, other disciplines have been invited to evaluate the flow of psychological reporting. When feasible, informal professional groups were brought together immediately after a regularly-scheduled meeting.

Another responsibility has been the training of new nursing personnel. They were taught the psychological principles of human behavior and how these relate to interpersonal relationships with patients and the hospital staff.

The department has actively supported several special programs within the hospital, among which are two hospital improvement projects and an exit program. Staff members have provided consultation, testing, program planning, and assistance in treatment team conferences.

For several months the psychology department has worked closely with the Department of Vocational Rehabilitation to locate long-term hospitalized patients who could be candidates for training and exit from Crafts-Farrow. The Joint efforts of both departments have raised the potential for more discharges.

In early March of 1974 the department entered into an agreement with the Human Services Department of the Midland Technical Educational Center to provide field placement opportunities at the hospital for Midland students who were pursuing mental health careers. These internships were carefully supervised and provided varied training in vocation, social and emotional rehabilitation. The effectiveness of this field placement program was an outgrowth of the joint efforts of the Departments of Psychology, Social Service, Activity Therapy, Vocational Rehabilitation and the two Hospital Im-

provement Projects. It is expected that additional placements will be provided for Midland students.

The psychology department has reviewed the records of mentally deficient patients who display a potential for rehabilitation. Those having these latent abilities will be housed in a particular building under the direction of a Coordinator selected and supervised by the Chief Psychologist. The Departments of Mental Retardation, Vocational Rehabilitation, and Psychology will jointly train the Coordinator.

Future plans for psychological services include an ambitious staff development program. An agenda is planned for each monthly meeting. Staff members will rotate in the presentation of diagnostic testing reports, therapeutic procedures, and communication problems. The department will continue to stress excellence in all these areas.

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital during the Fiscal year 1973-74 was 64,081. There was no appreciable difference in amount from previous year.

Cash receipts amounting to \$643.55 were collected for prescriptions for patients going on Conditional Discharge.

The Alcohol and Drug Addiction Center was issued 1,388 prescriptions during the Fiscal year 1973-74.

Midland Retardation Center continues to obtain drugs from Crafts-Farrow State Hospital Pharmacy.

In addition to the routine stocking of drugs and filling of prescriptions, the pharmacy staff performs a monthly check on all wards to determine storage of drugs and attends treatment team meetings.

PERSONNEL SERVICES AND EMPLOYEE RELATIONS

During its second year of operation, this office experienced a considerable increase in traffic in the form of general counselling of employees with problems of all types, aiding in completion of paperwork pertaining to membership in State or Departmental organizations or plans, handling of employee

grievances, aiding supervisors with interpreting Departmental policies, and in general offering assistance to employees whenever needed. Involvement of this office in publication of the Facility Newsletter as well as other informational media (such as Weekly Bulletin, The Report, and compilation of the Department's Annual Report) is also of major importance. Various drives have also been handled out of this office (United Way, Bloodmobile, Cancer, Easter Seal, Savings Bonds, Mid-Carolina Mental Health Association Membership drives and SCSEA membership drives). The facility orientation class for new employees gives those new staff members information pertaining to their benefits, the hospital structure in general, understanding of their pay check stubs, a discussion of the performance evaluation and probationary period, and general knowledge of where to go to get answers to their questions as they may arise. Close contact with all Department and Service Heads is maintained in order to help ascertain personnel requirements and locate areas where reclassification may be feasible. Other activities included working toward implementation of equal employment practices within the Facility, coordinating Adult Education Classes for employees, issuing a patient handbook, and re-issuing the employee handbook.

NURSING SERVICE

The addition of 16 Registered Nurses to the Staff has been a great asset to the efficient operation of Nursing Service. Several of these were able to fill Supervisory positions so that we have begun to split the large Resident Care area (1,550 patients) into more manageable sections. Eleven Licensed Practical Nurses and approximately 150 Nursing Assistant positions have been added in an effort to provide better around-the-clock nursing care.

Members of the Nursing Staff have been encouraged and trained to take an active part in treatment programs. Emphasis is also being placed on nursing treatment plans and proper nursing notes. In addition to attending the CFSH Nursing Educational Program, staff members have been active participants in Departmental workshops and outside seminars.

NURSING EDUCATION

During the fiscal year '73-'74 over 200 nursing assistant trainees began the Basic Course for Nursing Assistants. Two new courses were initiated: Geropsychiatric Nursing for RNs and LPNs, and a Training Program for Ward Treatment Specialists. New social service and psychology workers attended part of the latter course. The Advanced Course for Nursing Assistants was Reactivated as the "Mental Health Technicians Course," thus providing an educational basis for career development in the health field.

Thirty-two newly employed nurses, RNs and LPNs, were oriented to nursing education and the hospital facilities. Two staff members participated in writing a training grant proposal for the implementation of a Motivational Therapy System. It is anticipated that training in this area will begin early in the next fiscal year.

The severe shortage of faculty experienced during the year resulted in a delay in initiating new courses, the temporary discontinuation of some programs, and a delay in the completion of the Basic Course by new nursing assistants.

Staff have sought to improve their skills and competence by attending and participating in 18 different workshops, conferences, meetings and seminars. Some of the continuing education programs were the ANA Conference in Geriatric Nursing in Washington, D. C.; the Institute on Hospital and Community Psychiatry in Miami Beach, Florida; East Coast Training Seminar on Reality Therapy conducted by Dr. William Glasser in Augusta, Ga.; Training Nurses in Behavior Modification, Atlanta, Ga.; and the JCAH Workshop: Nursing Audit in Columbia, S. C.

CHAPLAINCY

Pastoral care was conducted by seven clergymen. Two full-time chaplains, one working half-time, one Catholic priest working 9 hours bi-weekly, four retired clergymen visiting on a regular basis on our geriatric wards to provide pastoral services and one Jewish rabbi visiting on Holy Days and special occasions.

All persons newly admitted or returned to the hospital were visited by a chaplain who informed them of the opportunities for pastoral services.

Formal worship services were conducted in Faith Chapel and at small chapels in the Davis and Shand Buildings each Sunday. Mid-week Vesper Services are conducted in Faith Chapel.

In response to the needs of staff and nursing personnel, chaplains provided pastoral counseling to a large number of employees, making referrals when necessary.

Clinical Pastoral Education students from both Hall Institute and S. C. State Hospital were given tours and two classes were given Geriatric Clinical Orientation for six weeks. Community clergy were given tours and orientation on four occasions.

ACTIVITY THERAPIES SERVICE

The goal and function of the Activity Therapies Service is to provide every patient at Crafts-Farrow State Hospital who is not too mentally or physically ill to participate in an opportunity to engage in wholesome, rewarding and therapeutic activities of a recreational nature which will help to expedite his recovery and enhance his chances of going home. These recreational activities include game and sports therapy, library science and music therapy and occupational therapy such as sewing, embroidery, farming, weaving and several other therapeutic activities of this nature. The Service is divided into four distinct sections as follows: Recreation, Music Therapy, Library Therapy and Occupational Therapy.

Recreation Therapy: This section provides both group and individual recreational activities appropriate to the patients' needs and treatment plan. During this fiscal year, a wide variety of recreational activities was held throughout the week in an effort to stimulate the patients to engage in some form of therapeutic activity. In addition to providing a wide range of recreational activities for the ward patients, a program of providing recreation for the working patient was inaugurated and was quite successful. The single largest turnout of patients appeared to be the Saturday Morning Dance at which approximately 400 patients on the average attended.

Movies were well attended as was the Bingo game. Outdoor sports were popular particularly the softball games between opposing buildings. Included in the planning for the next fiscal year were the addition of three recreation aides and the planning for an Activity Therapist I also would inaugurate a visitation recreational program to the respective wards.

Occupational Therapy: An extremely interesting variety of creative work was done during this fiscal year. The Certified Occupational Therapy Assistant program operated by the Hall Institute furnished a total of these highly specialized workers with excellent results among the patients. In addition to the Craft shops operated by the Recreation Therapy Section, a total of four occupational therapy shops were opened and operated during this fiscal year. Plans for next fiscal year include an attempt to hire occupational therapy aides for the Certified Occupational Therapy Assistants in order better to free them for individual work with the respective patients. Certified Occupational Therapy Assistants participate in all the individual building treatment teams and other programs such as the current motivation therapy programs now in progress.

Library Therapy: The library maintained an excellent record of administering and operating the Patients and the Professional Library. Programs such as the programs for the deaf, the blind, the shut in and others were carried on with rewarding results. The various library clubs in the respective building functioned well, and many worthwhile trips off campus were taken by the members of these clubs. An extensive program of ward visiting with all library material was maintained. A new job position of Clerk-Typist II was authorized for the Library providing a much-needed position to relieve the Librarian of a great deal of administrative work inherent in the library field.

Music Therapy: The Music Therapy Section operated a full schedule of both sacred and secular music programs. Music clubs were formed and were well patronized. Both individual and group therapy sessions were held. Choir rehearsals were held and church music furnished on a year round basis. Patients were encouraged to participate in music and its related activities.

HIP II

This was the second year of operation of the HIP II project, which is designed to meet the individual needs of the newly-admitted 55-64 year old patient. There were 196 patients accepted in the project; 163 of these were able to return to the community within 30 to 90 days. The treatment team approach and milieu therapy are an integral part of the program. Each patient is involved in the various therapeutic activities such as recreational therapy, activity therapy, group therapy, and/or individual therapy.

Analysis of effectiveness of the program at this stage would indicate that such a program does have a place at Crafts-Farrow. Without the program, such intensive treatment for the receptive newly-admitted patient would not be possible.

HIP #1

The primary aim of the program is remotivation, resocialization and return to the community the chronic mental patient. In keeping with this aim, the concepts of "total push" and "therapeutic milieu" are consistently utilized in the program. This is, patients in the program are expected to be engaged in some kind of therapeutic activity every hour in the day. They are engaged in recreational, meaningful work, and individual and/or group contact with the therapeutic personnel. Heavy emphasis in activity is placed upon leisure hours between 5:00 and 9:00 in the evenings, and on Saturdays and Sundays. Efforts are directed towards modification of the patients' chronic behavior patterns; toward re-establishing their interest in life; towards a development towards their satisfactory interpersonal relationships with people inside and/or outside of this system; and towards the maintenance of constant communication with their families and community systems.

Extensive efforts are directed in the area of constantly attempting to strengthen family ties, and to help patients to understand and cope with various components of the family and community systems. Patient without supportive family systems are placed in boarding homes and/or nursing homes with heavy emphasis upon supportive preparations for these placements.

Vocational Rehabilitation, a part of HIP's team, works intensively with the staff and patients in efforts to get them gainfully employed in the Columbia area. Also, efforts are made through this department in conjunction with HIP's team to refer patients throughout the state for job placement. HIP's Clinical Counselor works closely with Rehabilitation personnel in efforts to improve patient's money management, to improve and teach them budgeting, and to establish bank accounts in the Columbia area only. This concentration is another step towards helping patients to feel secure enough to positively manipulate the outside community.

A "medicine management" program was instituted on a per patient basis during the 1973-1974 fiscal year. The emphasis is to develop on a per patient basis his ability to manage his own medicine. Of course, this is done under intense supervision. In order for a patient to be recommended to the team for such, he has to be recommended by the nurse and supported by the psychiatrist in the program. Also, he must be discussed and evaluated by the total team before the patient is allowed to proceed to manage his medicine. This approach is yet another step towards re-assuring patients that they can remain in the community indefinitely, if they realize the need to continue on their medication. This will also assist HIP staff to develop systematic plans for conditional discharges. If patient can manage his medicine, under supervision to little or no supervision, this will be less shock to him when he is discharged and a "two-week" supply of medication is given to him.

Volunteer Services, Chaplaincy, Activity Therapy, Nursing Service, Social Service, Psychology, Food Service in addition to other disciplines are giving cooperative direct support to the program.

A team approach (a true team approach) is developed at a high social-emotional level in HIP #1's program to the extent that each component relates to the other relative to what is needed at any given point in time in the patient's treatment.

In summary continued attempts are being made, constantly, to get the patient away from the primary custodial type environment to that of a therapeutically oriented system.

MEDICAL-SURGICAL SERVICE

The cases admitted to McLendon Clinical Center fall into the broad category of aged chronically psychotic patients often suffering from a concomitant acute physical illness or an exacerbation of a chronic illness. As reported in previous Annual Reports, many patients admitted to McLendon Clinical Center are received immediately or shortly after admission to Crafts-Farrow State Hospital. These patients generally are admitted to Crafts-Farrow State Hospital with a sketchy admission note, usually but not always, limited to the psychiatric illness. In cases where the patient was received from a hospital a copy of the "Discharge Note" can be obtained but, more often, no past history is available from the record or the patient.

More cases were transferred this year to the Long Term Care Center than in previous years; this is attributed to a change in the admission policy practiced by the Long Term Care Center.

The following is a recapitulation of the disposition of cases from these Wards:

Returned to their Regular Ward	354
Transferred to Byrnes Clinical Center	84
Transferred to Long Term Care Center	4
Conditionally Discharged	35
Discharged Against Medical Advice	4
Left Without Permission	0
Regular Discharge	4
Deaths	276
TOTAL	762

Thirty-two (32) bodies were autopsied.

RESIDENT CARE SERVICE

The basic function of the Resident-Care Service is the provision of a wide range of active treatment programs for a large group of resident patients which includes geriatric, chronic mentally ill and mentally retarded individuals. Following the reorganization of the Department of Professional Services one year ago, special therapeutic programs tailored to meet the special needs of the individual patient of each of

these categories have been established. As far as possible with our present over-crowded facilities, separate buildings are utilized for each category. Doctor, nurses, social workers, psychologists and other mental health professionals are permanently assigned to each building in order to insure a smooth and uninterrupted continuum of care. This has been made possible by active recruitment of a greatly increased number of employees at all levels of professional care.

The expanded Social Services Department has provided closer contact with families, community facilities as well as with suitable and approved nursing care facilities with a resulting increase in the number of patients discharged during this fiscal year.

ADMISSION-EXIT SERVICE

Admission-Exit Service continues to have three physicians working full-time on Admission-Exit but has increased to nine physicians working part-time on Admission-Exit and part-time in Resident-Care. Also, during the year the Resident-Care case load of the part-time physicians has been decreased thus allowing them more time on Admission-Exit Service. During the year a board eligible psychiatrist was obtained for the Operation-Exit Program in Building #3. This program, designed to facilitate the patient's rehabilitation and return to the community, was expanded to include a pilot project for the introduction of the problem oriented psychiatric record.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

In reviewing Fiscal Year 1973-74, the Institute's ninth year of operation as the education and research arm of the South Carolina Department of Mental Health, I was most impressed with the growth, improvement, and maturation of the Institute which now has a well-qualified staff and faculty conducting excellent teaching programs and fully capable of training the mental health professionals required to support the comprehensive treatment programs of the South Carolina Department of Mental Health. I noted several trends which support these positive findings:

1. Continuing approval by the Joint Commission on Accreditation of Hospitals—the Institute was surveyed for the third time in July, 1973, and again received full accreditation for two years with no major deficiencies being noted.
2. Improvements in the number and quality of students entering our teaching programs—during the year, nine physicians entered their first year of training in the general psychiatry residency program. All were well-qualified graduates of U. S. medical schools, and six of the nine were graduates of the Medical University of South Carolina. A total of eighteen physicians were in training in the general psychiatry training program during the year. This number was the goal established for this program when it was approved in the Institute in 1968. The reaching of this goal is considered especially noteworthy for a program which is not affiliated with a medical school. Other disciplines continued this trend. Four U. S. trained physicians entered the child fellowship training program during the year for a total of seven physicians in this two-year course, and the clinical psychology internship program received over fifty applications from qualified doctoral candidates to fill the five vacancies in that program. All the other training programs had equally improving and impressive numbers of trainees entering and completing training during the year.

3. Graduates of our training programs are remaining in South Carolina of the seven physicians completing psychiatric training during the year, five remained in South Carolina. This continued the trend which has resulted in 90% of all the physicians completing their psychiatric training in the Institute remaining in South Carolina even though a large majority were not residents of the state and did not receive their medical education in South Carolina.
4. Our research program continues to improve—the number of research projects and the number of papers published have both increased, and the quality of research has improved. Numerous papers were published in well-known professional journals during the year with two of the papers receiving publicity throughout the country through the national news media.

Our efforts for the coming year will be devoted to further improvement and necessary revisions to our current programs and the development of new programs to meet the needs of South Carolina.

In May, 1974, the South Carolina Department of Mental Health and the University of South Carolina signed an agreement that the William S. Hall Psychiatric Institute would be the Department of Neuropsychiatry of the University of South Carolina School of Medicine. In order to maximize coordination of efforts and utilization of resources, the agreement provides that the Director of the William S. Hall Psychiatric Institute shall hold a dual appointment as Chairman of the Department of Neuropsychiatry of the University of South Carolina School of Medicine.

One of the state's most critical manpower shortages in the mental health field is in the area of adolescent psychiatry. Funds requested in the annual budget to initiate a training program for adolescent psychiatrists during fiscal year 1974-75 were not approved. This program is urgently needed and funds for such a program beginning in 1975-76 should be approved.

The Institute staff is developing plans for and requesting funds for the establishment of an adult psychiatry day treatment program. This program will provide required treatment

for patients able to utilize this modality at much less cost to the patient and the state than inpatient hospitalization and will greatly enhance our training programs by providing a much-needed vehicle for training in this type care.

In 1971, the Institute established a training program for certified occupational therapy aides because of a severe shortage of registered occupational therapists and the lack of any training program for occupational therapists in this area. Nine students were graduated from this program during the year.

Since the initiation of this program, two programs to train bachelor degree occupational therapists have been established: One in Augusta, Georgia, and the other in Charleston, South Carolina. With the establishment of these two programs, it was decided that the certified occupational therapy assistant program was no longer required. And it was discontinued during the year.

The Institute continued its efforts to secure federal grants for the training programs and received its efforts to secure federal grants during the year totaling \$110,712, an increase of nearly \$8,000 over the previous year.

DEPARTMENT OF RESEARCH AND TRAINING

GENERAL PSYCHIATRY TRAINING PROGRAM

Recruitment of residents was most successful during the 1973-74 fiscal year with nine first year residents entering the general psychiatry residency training program. In addition, one resident returned for her third year of training after a year's absence, making a total of eighteen physicians in this program. Three physicians completed their psychiatric training during the year, and two of these accepted employment with the South Carolina Department of Mental Health.

During the year, two interns from the Richland Memorial Hospital served a psychiatric rotation at the Institute, one senior medical student from the Medical University of South Carolina began an eleven-week psychiatric elective, and seven medical students from other schools took the medical externship training during the summer months. Junior and senior medical students at the Medical University of South Carolina, while on their psychiatric core elective, made one-day visits to the Institute and were given an overview of the services and facilities of the South Carolina Department of Mental Health with visits to areas of each of the agencies. These future physicians were also given information regarding legal aspects of admission and the facilities of the Department as well as information regarding community mental health services. Two-day orientation programs were provided for residents in family practice and Medex trainees from the Medical University of South Carolina.

The American Board of Psychiatry and Neurology has reversed their previous decision to eliminate the internship and has recommended to the Council on Medical Education of the American Medical Association that the internship be reinstated. Based on this recommendation, the Institute has plans to expand the residency training program to four years. This additional year would include 4-6 months' training in Richland Memorial Hospital, 3 months' neurology training in the Institute, and the remaining time in psychiatry. By providing this first year of postgraduate education, the Institute would remain in the position to recruit senior medical students directly into its training programs.

A federal grant in the amount of \$39,268 was awarded to the Institute for the general psychiatry residency program during the year.

CHILD PSYCHIATRY FELLOWSHIP PROGRAM

Four physicians began their first year of training in the child psychiatry fellowship program during the year, making a total of seven physicians in this training program. Four psychiatrists completed the two-year child psychiatry fellowship program: Two of these accepted positions with the South Carolina Department of Mental Health, one entered private practice in Columbia, and one joined the faculty of the Medical College of Georgia at Augusta.

Funds requested in the annual budget for the establishment of a training program for adolescent psychiatrists were not authorized. One of the state's most critical manpower shortages in the mental health field is in the area of adolescent psychiatry, and efforts will continue to secure funding for this program.

The child psychiatry fellowship training program received a federal grant in the amount of \$59,088 for Fiscal Year 1973-74.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

In September, 1973, the program graduated four interns; all of whom accepted employment with agencies of the state government. A new group of five interns began their one-year training program in September, 1973. Increased national recognition of this internship program has created keen competition for acceptance into the program, and these five interns were selected from over fifty qualified candidates who submitted applications.

A federal grant in the amount of \$12,356 was received during the fiscal year in support of this program. In June, 1974, this program was site visited by the National Institute of Mental Health in anticipation of additional grant support.

NURSING EDUCATION

Eighty nursing students from Greenville General Hospital, Orangeburg Regional Hospital, and Coastal Carolina com-

pleted a three-month psychiatric affiliation at the Institute during Fiscal Year 1973-74. Due to the phasing out of the diploma schools of nursing, more time was available for participation in other areas by the nursing education staff. The chief of Nursing Education conducted a federally-funded new mental health careers program for the disadvantaged which was completed in September, 1973. Thirty new employees were hired by the Department of Mental Health under this plan, Nursing Education instituted a basic research project on "attitudes of nursing students" for the past two years and the results were submitted to the *Journal of Psychiatric Nursing* for publication. The chief of Nursing Education served as an item writer for the State Board Exams in October, 1973.

PASTORAL EDUCATION

Three out of four of the chaplain residents who completed their residency year in August, 1973, remained in South Carolina for pastoral work upon completion of their training. The 1973-74 clinical pastoral program began in September, 1973, with four residents and one pastoral fellow in training. In January, 1974, four pre-theological and pre-medical students from Wofford College participated in the third annual "Theology and Therapy" undergraduate program conducted for a month at the Institute. This clinical training program attempts to develop an inter-relationship between medicine and religion for the undergraduate student in his pre-profession growth. There were also four programs throughout the year in the Institute's continuing education series.

The basic clinical pastoral program conducted during the summer included four trainees who began a three-month program in June, 1974. There were approximately 225 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time, and continuing education programs of Pastoral Education Service during the 1973-74 fiscal year.

SOCIAL WORK PLACEMENT PROGRAM

The student placement program served eleven graduate students and one undergraduate student during this fiscal

year. The summer program which was formalized in the summer of 1973, saw the placement of one student from an out-of-state school of social work. The students have been instrumental in completing an inpatient unit follow-up study of patients discharged during 1973. One thesis for the University of South Carolina Graduate School was completed at the Institute during the past year by a former field work student.

RECREATIONAL THERAPY INTERNSHIP PROGRAM

Three graduate students and four undergraduate students completed training programs in recreational therapy at the Institute. Three of these students were from Clemson University, two from the University of Connecticut, one from the University of Iowa, and one from the University of Oregon. A workshop for activity therapists of the community mental health centers and clinics was held at the William S. Hall Psychiatric Institute in June, 1974, with ninety participants attending. The workshop was a joint project of the South Carolina State Hospital Activity Therapy Service and the Institute's Recreational Therapy Service.

OCCUPATIONAL THERAPY INTERNSHIP PROGRAM

During the fiscal year, nine students were graduated from the Certified Occupational Therapy Assistant program; and all were employed by agencies of the State of South Carolina in occupational therapy. A decision was made to discontinue this program since training programs for registered occupational therapists have been developed in Augusta and Charleston. Affiliation with these two programs has been established for placement of their students in the Institute's occupational therapy internship program. During the year, seven students completed the three-month internship in occupational therapy; and it is anticipated that this internship program will continue to expand.

CONTINUING EDUCATION PROGRAM

During the year, two major symposiums were held by the Continuing Education Program. The symposium, "Complica-

tions with Psychoactive Drugs," was jointly sponsored by the Ensor Research Foundation Laboratory and the Continuing Education Program. The symposium covered the basic pharmacology, the mechanism of action of various psychoactive drugs, the clinical application, and their complications. The symposium was directed toward the office practice in the treatment of patients with these drugs. This symposium represented the third in a series of annual research symposiums on the function of the central nervous system and was attended by 153 physicians, students, and other professionals.

The symposium, "The Problem Patient," was held at Hilton Head, South Carolina, in March, 1974. This program was jointly sponsored by the Continuing Education Program of the Institute and the South Carolina District Branch of the American Psychiatric Association and attracted 62 physician participants. The symposium was videotaped for showing at a later date on the South Carolina ETV Network.

RESEARCH SERVICES

The Ensor Research Laboratory expanded its staff during the year with the addition of a research scientist. The chief of the Ensor Laboratory presented papers at the American Society for Neurochemistry and at both the fall and spring meetings of the American Society for Pharmacology and Experimental Therapeutics. The Ensor Research Laboratory cosponsored the third annual research symposium at the Institute. Six papers were published during the year with many more in press. Two grant proposals were submitted and approved by the National Institute of Mental Health; however, only one was funded at this time.

The Genetics Research Laboratory held open house on November 20, 1973, officially opening this research facility. A course on human genetics was offered to the Institute's psychiatry residents, and lectures were presented to several classes at the University of South Carolina. The number of genetic consultations and cytogenetic evaluations requested increased steadily during the year. Research papers were presented at two national meetings, and additional papers have been submitted for publication.

DEPARTMENT OF CLINICAL SERVICES

The Department of Clinical Services participated in a successful survey of the Institute by the Joint Commission on Accreditation of Hospitals in July, 1973, that resulted in full accreditation for the next two years. The department continued to improve its service to patients and to offer an optimal base for training mental health professionals through the addition of new staff members, reorganization within the services and continuing inservice education.

GENERAL PSYCHIATRY SERVICE

Due to the significant increase in the number of first year psychiatric residents, the inpatient service added one psychiatrist to its teaching staff during the year. Clinical research activities were also accelerated with several of these projects aimed at evaluating the quality of treatment on the inpatient service. Future goals include emphasis on staff development, inservice education, and research.

In January, 1974, the adult outpatient service moved to Cottage A which was vacated by the South Carolina State Hospital. The outpatient service now has more office space, conference and group therapy rooms, and a two-way mirror room greatly improving its teaching and treatment capability. The number of visits continued to increase during the year providing an excellent opportunity for learning by the trainees in the outpatient setting.

CHILD AND ADOLESCENT PSYCHIATRY SERVICE

The Associate Director for Child and Adolescent Psychiatry Service was elected National Vice-Chairman of the State Mental Health Representatives for Children and Youth and became President-Elect of the Carolinas Society for Adolescent Psychiatry. His article on "The Use of Caffeine in Hyperkinetic Children" resulted in National recognition and inquiries from over 1,000 individuals throughout the world.

A therapeutic camping program for outpatients and adolescent inpatients was initiated. New consultations were established at the South Carolina Student Health Service and at the Epworth Children's Home.

A total of eleven publications were submitted. A fellowship program in adolescent psychiatry was submitted for grant funding; however, this was not approved at this time. Future goals include conducting a crisis intervention seminar, participating in a postdoctoral child psychology fellowship training program, and determining the feasibility for a pre-school program for disturbed children and a day and night hospital program for adolescents.

NEUROLOGY SERVICE

The Neurology Service continued to offer inpatient consultative, and outpatient treatment to neurologic patients. In addition, there was a significant increase in the number of EEG's performed during the fiscal year. The chief of Neurology Service appeared before the Food and Drug Administration Hearings as an expert to warn against potential detrimental effects on some neurologic patients if additional iron were added to bread. A grant proposal was submitted for a neuropsychiatry fellowship program, but it was not approved at this time. The staff of the service submitted six scientific papers for publication during the year.

PSYCHOLOGY SERVICE

The psychology staff continued its support of the treatment program which provides a base for the clinical psychology internship training program. During the year emphasis was placed on the inservice training program, and plans were being developed for the establishment of a post-doctoral internship in child psychology.

SOCIAL WORK SERVICE

The hours of direct case and group work treatment increased appreciably and several new projects were started: A therapeutic camp and a crisis program, both developed in Child Psychiatry. Approximately 360 hours of training were provided for the South Carolina Department of Youth Services. Staff also provided some inservice training at the South Carolina State Hospital. Three articles were submitted for publication during the fiscal year.

VOCATIONAL REHABILITATION SERVICE

In January, 1974, a new V. R. counselor assumed the duties of this section at the Institute. Vocational evaluation, personal adjustment training, vocational training, placement in employment, and financial assistance to aid in job stability are services that were offered to all inpatients and outpatients during the year.

NURSING SERVICE

It is considered most significant that with the shortage of personnel in the nursing field and the salary range the Nursing Service was able to maintain its personnel strength at the authorized level during the year. Nursing service emphasized the expanded role of the nurse in the area of patient-family counseling. Personnel experienced increased participation in committee work, research projects and as co-therapists in group work. Educational pursuits focused on more in-depth understanding of patients and attempts at more individual therapy.

ADJUNCTIVE THERAPY SERVICE

The problem of coordinating the different adjunctive therapies was significantly reduced during the year with the employment of a qualified coordinator for this service. By year's end, improvements were noted in better evening and weekend coverage, timely patient staffing, and the initiation of several joint projects between occupational and recreational therapies.

Additional recreational therapists were employed during the year to staff the men's ward and the Village Pilot Project. Inservice training played a key role in staff growth and development, and leisure time counseling was employed on all patient units. With the aid of a grant by the South Carolina Arts Commission, a play was produced with the patients performing. Attendance by two staff members at a psychodrama workshop insured that this mode of therapy will be employed in the coming year.

Reorganization of occupational therapy took place in the latter part of the year. New policies and procedures were implemented with a view toward improving the functioning in this area.

Music therapy was reactivated at the Institute with the employment of a registered music therapist in February, 1974. Treatment programs using this treatment modality were established for all inpatient units, the day treatment center, and the Village Pilot Project. A portion of the adjunctive therapy area was renovated to house the music therapy room.

DEPARTMENT OF ADMINISTRATIVE SERVICES

Additional administrative duties resulting from continued growth and expansion of the Institute were absorbed with only minor staff changes. After ten years of occupancy, building maintenance began to increase significantly during the year. Four of the inpatient units were redecorated with wall covering and new furniture. Cottage A was renovated to house the outpatient service, a music therapy room was prepared, and an animal house was constructed to support the research program. Extensive use was made of the Institute's medical illustration section by all training and research programs.

Mr. Freddie Williams, a member of the maintenance section, was chosen as the outstanding employee of the Institute for the year.

PROFESSIONAL LIBRARY

The Professional Library continued to support the clinical and teaching programs of the South Carolina Department of Mental Health and scientific personnel of midland South Carolina interested in the mental health field. This specialized center for information and material relevant to the mental health field has an outstanding selection of material on psychiatry, neurology, psychology, social work, pastoral care, rehabilitation, nursing and the biological sciences. The number of library users increased considerably during the year with the registration of 305 new users bringing the total enrollment to 1,250 from all the facilities of the Department of Mental Health. In January, 1974, the library became a member of the American Library Association. In addition to the 210 medical journals and over 10,000 volumes in the library, a significant collection of tapes and cassettes is maintained, many of which were recorded from lectures given by visiting scholars to the Institute.

THE PSYCHIATRIC FORUM

The Institute continued the twice yearly publication of *The Psychiatric Forum*, a professional journal presenting the thoughts and studies of experts in the field of mental health. In addition to the general distribution within the mental health field, it is distributed to medical librarians across the nation and indexed in the better national and international resources for scientific information.

VILLAGE PILOT PROJECT

The Institute continued to operate the Village Pilot Project during this fiscal year, testing the concepts, organizational structure, and facilities to be utilized by the Department's Village System. The catchment area for the pilot program was expanded to include Sumter, Clarendon, and Kershaw counties. The Santee-Wateree Mental Health Center appointed a community coordinator during the year to act as liaison with the Village Pilot Project in order to promote better follow-up care. Leadership of this pilot project changed during the year as a new director was employed at year's end. Plans for the coming year include the employment of an administrator to coincide with the start of construction of Village A in the fall of 1974.

COMMUNITY MENTAL HEALTH SERVICES

DIRECTOR'S REPORT

On September 10, 1973, Community Mental Health Services celebrated its 50th anniversary. The occasion was marked by a dinner, visiting dignitaries, and a speech by Senator Ernest F. Hollings. The Division is proud of its years of service, pleased to have had the opportunity to celebrate the occasion and the opportunity to thank those whose efforts made the years of service possible. The Division of CMHS looks ahead to many more years of fruitful service.

During the fiscal year major program expansions took place in the Coastal Empire Mental Health Center, the York-Chester-Lancaster Mental Health Center and the Pee Dee Mental Health Center. In all of these three programs federal staffing applications were submitted and approved for federal funding which will cover the next eight years. The York-Chester-Lancaster Mental Health Center and the Pee Dee Mental Health Center programs became operational in June, 1974. Construction projects were approved for the Coastal Empire Mental Health Center and the York-Chester-Lancaster Mental Health Center. Both of these programs will continue on their present sites until their new construction is completed. The Coastal Empire program should get underway in mid 1975 after construction has been completed.

In addition to the regular staffing applications submitted and approved, four centers received approval of special staffing grants for children's programs. The Columbia Area Mental Health Center program began in May, 1974. The Anderson-Oconee-Pickens Mental Health Center and the Greenville Area Mental Health Center combined to submit an application for a children's grant and their program got underway in the spring of 1974. The Santee-Wateree Mental Health Center also received approval for a child staffing grant and their program is underway. These children's staffing applications provide additional federal funds for specialized children's programs over and above the regular adult and children's service provided in the centers.

Other major advances in children's services took place during fiscal year 1974-75. The programs for autistic children

made major strides. The Charleston County School District Program which began last year moved into full operation. A new program in affiliation with the Charles Lea Center in Spartanburg was begun and appears to be well on its way. During the upcoming fiscal year another program is planned for the Columbia area with the Division of Community Mental Health Services planned to administer it.

Due to problems with the site and construction near Clemson University it was not possible to hold Camp Logan this year. Funds instead were provided to the various mental health centers and clinics to provide day camps in their own local areas. Six day camp programs took place and on the basis of the experience gained it appears these programs will continue as an adjunct to the Camp Logan program when it resumes next year.

In coordination with the general emphasis in the Department on the overall statewide development of a network of levels of care, the Division has worked in the areas of planning, development, financing and evaluation. Considerable activity has taken place with The Village System planning and development programming. Initial emphasis has been placed on planning with regard to areas to be served by the villages and their related community mental health catchment areas. The Division has been active in the demonstration training project for the training of an initial cadre of employees for the first village and the development and refinement of treatment apparatus in the village. The Deputy Commissioner served as chairman of the site selection committee for Village B and was quite active in this entire selection process. The Division also anticipates an active role in the site selection for Villages C and D.

Also related to program decentralization, the Division has been quite active in providing precare and aftercare services. A unit within the division provides direct services and encourages the development of precare and aftercare services at the local level. Funding was obtained for an initial expansion of precare and aftercare services during the fiscal year. An additional sum of \$440,000 was appropriated which will greatly expand the program during the 1974-75 fiscal year with all clinics and centers actively participating in the program. The goal is to maintain and support those people who

can remain in their communities, to intercede with State Hospital admissions, and to facilitate the transition of those people in the hospital to their home community.

The Division has spent considerable effort in program financing and evaluation. A funding workshop was held in September, 1973, to familiarize board members, clinic and center staff with a number of potential sources of funding. Much thought and effort has gone into the development of an equitable fee scale and to establish eligibility with all legitimate third-party payors. Within these areas, a basic part is the evaluation of programs, particularly, cost finding, and relating these costs to services rendered. This process continues to be refined and serves the dual purpose of establishing acceptable cost rates as well as better defining each service rendered.

Continued support was provided for ongoing programs such as inservice training, the film and book library, the stipend program for development of professional personnel, as well as the ongoing clinic and center functions. The numbers of divisional personnel continued to increase, passing the 500 mark late in the year. The impact of community programs on hospital populations began to be quite significant. This is expected to be much more significant as the precare and aftercare programs become fully developed. The numbers of people served by the community programs continues to increase markedly, as the type of programs provided continues to diversify.

The quality of care and standards of operation continue to improve in the community facilities. The monitoring and consultation process provided by the annual site reviews involving peer-reviewers and mental health association participation in its second year, is considered to be one of considerable assistance in this direction.

COMMUNITY SUPPORT SERVICES

During the year, in Inservice Training and Community Education, ten mental health clinics and centers were offered opportunities for continuing education for total staff in the area of consultation, psychosomatic illness, treating adolescents in a community setting, group therapy, program evaluation techniques, transactional analysis, therapeutic roles in

aftercare, and crisis intervention. A workshop centered on developing skills of community caretakers and mental health center staffs in outpatient treatment of the alcoholic patient brought together approximately 75 professionals in a two-day learning experience. A four day workshop in the use of *The Social Seminar* was cosponsored with the S. C. Commission on Alcoholism and trained 35 interagency community caretakers to examine the human, social and cultural issues surrounding drugs as they worked with young people in their communities. In cooperation with the NIMH and the Social Problems Research Institute, U.S.C. we offered two training programs to over 300 representatives of ten state agencies providing services to the aging in hopes of increasing awareness of mental health needs of this special population groups. Fourteen clinics and centers participated in a four-day workshop on supervision.

In the Pastoral Services area, 25 community clergy assisted with pastoral care in 5 Community Mental Health Centers and in two hospitals. The primary functions of the staff clergy are to provide pastoral services as indicated to patients and clients and to offer community clergy continuing education opportunities in pastoral care and counseling, mental health, family relations and social change. Nine full time clergymen are employed in the mental health clinics and centers.

A total of 43 clergy and theological students were enrolled for a unit or more of clinical pastoral education in the six accredited centers in the department: South Carolina State Hospital, William S. Hall Psychiatric Institute, Alcohol and Drug Addiction Center, Anderson-Oconee-Pickens Mental Health Center, Columbia Area Mental Health Center and Greenville Area Mental Health Center.

A variety of continuing education programs were offered to a total of 1,052 community clergy. Some areas covered were Crisis Counseling, Family and Marriage Counseling, Personal and Professional Planning, Religion and Mental Health, The Pastor's Role in Mental Health, Ministry in Industrial Setting, The Enabling Role of the Clergyman.

In cooperation with the Division of Continuing Education for Nursing at USC, voluntary and official health agencies,

and the Psychiatric Mental Health Nurse Conference Group of the South Carolina Nurses' Association, a number of workshops and inservice training programs have been provided for nurses and nursing personnel in the Department and in the state.

In addition on April 25 and 26 a two-day workshop on "Basic Group and Family Therapy Techniques" was held at the Carolina Inn, Columbia. This workshop was planned by Community Mental Health Nurses and sponsored by the Division of Community Mental Health Services. Participants included in the workshop were staff members from the general hospitals who were associated with comprehensive Community Mental Health. Also, other staffs associated with this workshop came from CFSH, WSHPI, CMTHRIC, SCSH. Representatives from the Steering Committee of the Psychiatric Mental Health Conference Group were likewise present.

The Community Mental Health Services Division is a part of the state Interagency Committee on Alcohol Abuse and Alcoholism with the express purpose of Community Mental Health Services becoming a more viable service delivery system for the provision of services for those persons with problems related to alcohol abuse or alcoholism. The Division is represented on the Governor's Advisory Council on Drug Abuse. The Central Office of the Community Mental Health Services Division was the component part where the project was established. It was understood from the beginning that the project funded in the Central Office would be a coordinating position that would stimulate not only alcohol programming but drug programming as well.

The following programmatic goal of the Division is still timely: The creation of a viable substance abuse unit in every Community Mental Health Center and Clinic that would function primarily as an outpatient treatment service. Also in each Community Mental Health Center and Clinic we hope to develop consultation and education capabilities to augment those existing in the community. The programmatic goal is well on its way to being met. Achievement of this goal is very much dependent on obtaining funding resources with which to develop an adequate community treatment response. By continuing to obtain funding resources, Community Mental Health

Services Division will be able to hire more trained persons with definitive role responsibilities in the substance abuse field.

There are a number of methods being used to achieve the above stated goals. Among them are the following.

1. Represent the Department of Mental Health in decision making referable to usage of Federal money for alcohol treatment.
2. Through consultation with other divisions within the Department of Mental Health, promote coordination of substance abuse programs with total departmental impact.
3. Insure that the Department of Mental Health's efforts are coordinated with other agencies and groups in the substance abuse education, prevention, treatment and rehabilitation field.

PLANNING, RESEARCH AND EVALUATION

The major accomplishment of the Planning, Research and Evaluation Section was the development of a cost finding and rate setting manual for use in the Division of Community Mental Health Services. During fiscal 1973-1974 the Planning, Research and Evaluation Section, in conjunction with the Finance and Budget Section, carried out the cost finding process in all fourteen Mental Health Centers and Clinics. As a direct result, this section was involved in developing a revised billing policy and negotiating a new Medicaid contract.

The Planning, Research and Evaluation Section continues to administer and develop the Purchase of Service contract with the South Carolina Department of Social Services.

During fiscal 1973-1974 this section was involved in the development of a funding workshop for centers and clinics held at the Carolina Inn in Columbia. Personnel participated in the development of Pre-Care Screening and Aftercare policy formulation for the Division of Community Mental Health Services. Personnel from the Planning, Research and Evaluation Section represent the Division of Community Mental Health on the Clinical Advisory Group which advises

the Clinical Systems Section of Technical Support Systems in computer development in clinical areas.

CHILDREN AND YOUTH PROGRAMS

1973-1974 was a year of growth in services for autistic children. The Charleston Program (CMHS in conjunction with Charleston County School District) expanded to include 18 children while the Spartanburg Program, (CMHS in conjunction with the Charles Lea Center) in its first year, served six children with plans to increase its enrollment to approximately 15 in the fall. Funds were allocated to begin a third program in Columbia which will open in the fall 1974.

In addition to the educational program for children, parents in both programs participated in a specially designed training program which equipped them with the theoretical background and practical skills to carry through with the school's behavior management program in the home. Also, for the first time, the three-week parent training program, for the parents of autistic children who have no program available, was conducted by the state training coordinator in Charleston. This training program will be offered periodically.

During the spring of 1974, problems with the construction of the permanent site for Camp Logan arose. As a result, the funds allocated for the program were made available to the community mental health centers and clinics to conduct community-based summer camping programs. Six of the facilities (Santee-Wateree, Charleston, Tri-County, Columbia, Spartanburg and York-Chester-Lancaster) developed programs. Technical assistance was lended by the central office camp liaison and a past Camp Logan assistant director. These programs provided an excellent summer experience for children.

PRECARE SCREENING AND AFTERCARE SERVICES

The South Carolina Department of Mental Health through the Division of Community Mental Health Services initiated in 1969, a program of aftercare services designed to systematically follow and maintain released hospital patients from the centralized state hospitals. A psychiatrist and social worker were hired by the division to provide additional manpower to the community mental health clinics and centers in response to the increased demands on staff time that this endeavor

would create. A referral system evolved which permitted the staff of the South Carolina State Hospital and Crafts-Farrow State Hospital to make appointments with local mental health facilities for patients being released. Through pre-release groups patients were informed of the aftercare program in their local center or clinic and were encouraged to attend on the day and the time indicated by appointment.

The increasing number of patients being released made a group method of follow-up almost mandatory. Consequently, "aftercare" has become an integral part of the service delivery system of the centers and clinics. Notably, the group method of providing aftercare has been statistically the most effective means of preventing readmission into the state hospital system particularly for the long-term chronic patients.

Group aftercare is being conducted in the 14 mental health centers and clinics in the state, usually on a monthly basis, and has also shown rapid expansion in the satellite units. While the initial thrust of the program was one of medication, maintenance, group aftercare now includes group therapy, recreation and activities, refreshments, informal socialization and medicine checks when indicated.

Newly underway is the development of a program in pre-care screening services. The Division of Community Mental Health Services has recently begun a program of pre-care screening services in the 14 mental health clinics and centers throughout the state. The goal of the program is to reduce admissions and readmissions to the state hospital system by increasing treatment alternatives on the local level for patients who constitute potential admissions without these services. A special state appropriation of \$440,000 was made to provide grants to local mental health facilities for financial support to implement the program.

The clinics and centers have developed a pre-care screening and aftercare plans which reflect the unique needs of the catchment area. Implementation began May 1, 1974. In the initial phase of the program the facilities have concentrated on hiring additional staff, developing agreements with local hospitals and physicians, and defining their role in the community as a screening agency for potential state hospital admissions. With local centers and clinics being defined as the

primary screening agent for psychiatric patients who are in potential need of state hospitalization, it is felt that the centers and clinics can then intervene by providing treatment alternatives when such alternatives are feasible and appropriate on the local level.

FILM AND BOOK LIBRARY

During July 1, 1973-June 30, 1974, films were used as follows:

Total Number of Films Sent Out _____	5,973
Total Times Used _____	13,670
Total Attendance _____	361,614

At the close of the fiscal year, June 30, 1973, our inventory included:

Films _____	540	Books _____	1,459
Videotapes _____	1	Journal Subscriptions ..	44
Cassette Tapes _____	40	No. of Types of Pamphlets for Distribution	32

Filmstrips:

with sound _____	13
w/o sound _____	34

Books and films were loaned to persons with diverse interests such as: High school pupils, students in nursing education, college students and professors, clinic and center personnel, hospital personnel, pastors and teachers, and others throughout the state. Journals were available to the public and to the consulting staff for use as a reference. Our preview room was used many times by individuals or groups. Pamphlets were distributed to students and teachers upon request. Subject areas ranged from drugs to information on mental health and mental illness.

AIKEN-BARNWELL MENTAL HEALTH CENTER

I. INTRODUCTION

This has been a year of change for the Center. Considerable turnover in personnel has resulted in the loss of some valued members but has brought many new talents to the staff. A broader utilization of group and family therapy served to effectively handle the larger case load. An effort has been made to reach more people in the community through inventive new approaches aimed at growth, prevention and education. Services have been increased to outlying areas. Some of the activities involved will be presented in the body of this report.

II. PATIENT STATISTICS

The following table shows a comparison of person interviews for 1973-1974 with the previous fiscal year:

	<i>Individual</i>	<i>Group</i>	<i>Family</i>	<i>Community Service Hrs.</i>
1972-73	3039	1637	958	1169
1973-74	3252	2534	1486	1102
Increase or Decrease	+213	+897	+528	-67
Percentage	+7%	+54%	+55%	-6%

The significant increase in group and family therapy reflects the emphasis placed on these modes of treatment as the most effective means of utilizing the staff. The slight decline in community service hours has caused the staff to re-evaluate the present method of recording this information as it is felt that this figure does not accurately reflect the Center's community involvement.

Due to improved office procedures, terminations were handled more efficiently during the year than in the past, thus accounting for the 1,300 terminations. Therefore, in spite of 593 new admissions during the year, the 369 active cases at the end of the year is considered a realistic figure.

TREATMENT SERVICES

Group Activities:

1) At the request of people attending Interagency Workshops, an evening Parent Effectiveness Training seminar was offered which lasted 8 weeks. It was open to couples or individuals.

2) A new activities program for aftercare patients, particularly those in boarding homes and attending Monday crafts groups has been instigated. These patients have enjoyed movies, concerts at Hopeland Gardens and plays in the local theatre. They were given a tour of the new library, served refreshments and given assistance in obtaining library cards. Numerous outings, parties and picnics are included in the program.

3) A socialization group for patients at the Barnwell County Nursing Home was started which served as training for two local clergymen who now conduct the group on a weekly basis.

4) A representative attends an informal coffee hour each week with the local physicians in Barnwell County, which increased the rapport between the Center and the physicians.

5) A drug check group is now offered in Barnwell once a month, eliminating a transportation problem for many clients.

Direct Services:

1) Due to the increased load of aftercare patients, the majority of them have been seen in groups. The groups have now been scheduled on one regular day per month. At this time, the patients attend a specific group led by a staff member. Drug checks are conducted, progress is evaluated and socialization is encouraged. During the allotted time, patients receive and order their medication from our drug program, are served refreshments and may participate afterward in a "sing along" or play bingo. Two physicians are on stand-by for patients who may need individual attention.

PROJECTS

A voluneeer program began in January, 1974, with volun-

teers working in the following areas: 1) secretarial, 2) drug check groups, 3) crafts groups and 4) intake and orientation. Orientation sessions are conducted to familiarize new volunteers with mental health problems and vocabulary as well as to enable the volunteers to become more aware of and be more comfortable with their feelings concerning people with whom they will be working.

CONSULTATION

Consultations are held on a regular weekly basis with the Department of Social Services in Barnwell, increasing their effectiveness of service to the patients and improved communications between the two agencies.

One of the most significant contacts with the community is being conducted by the Alcohol Worker. Through diligent efforts with the Aiken County Board of Commissioners and the support of the South Carolina Commission on Alcoholism, the appointment of an Aiken County Commission on Alcohol and Drug Problems was accelerated. Consultation time has been given to both Aiken and Barnwell County Commissions on development of the minibottle plans. Upon approval of the Barnwell County plan, the Alcohol Worker will be doing weekly counseling, consultation and program coordination services in Barnwell County.

TRAINING

Student nurses from University of South Carolina—Aiken attended an orientation program with the Center. They were rotated in different groups for several weekly sessions.

Two post-graduate nurses from the Medical College of Georgia School of Nursing, Augusta, Georgia, requested placement with the Center for supervision and training. A contract with the Medical College and the Center for future student training is being negotiated.

AGENCIES

The Barnwell County Extension Home Economists' staff, Cooperative Extension Service of Clemson University and the Barnwell County Mental Health Association sponsored a drug Awareness seminar. The three-hour seminars were held in

Barnwell on October 29, 1973, and in Williston on October 30, 1973. Value Clarification exercises were presented as possible alternatives to the factual drug education approach.

WORKSHOPS

In cooperation with the Aiken County Mental Health Association the Center helped sponsor a series of Clinics for Parents. They were offered in three sessions on November 5, 12, and 20, lasting from 7:30 to 9:30 p.m. The first seminar was directed toward "New and Expectant Parents," the second was "Parents of Children from Toddlers to Adolescents" and the third was "Parents of Adolescents." During the year communications workshop was conducted for seven couples using the principles of Transactional Analysis as a model. A series of Inter-Agency Workshops were presented by the entire staff focusing on dealing with the person in crisis; consultation and referral, and value clarification.

PUBLICITY AND COMMUNITY INVOLVEMENT

Open House: Mental Health Sunday, May 19, 1974, was observed with an open house at the Center. Between the hours of 2:00 and 5:00 p.m. staff members were available to conduct tours of the facility and answer questions.

FUTURE

During this fiscal year a staffing grant was written and presented in Atlanta. It was rejected due to a lack of community involvement and planning and the absence of an "identifiable" psychiatric unit in the local Aiken County Hospital. We feel that invaluable experience was gained, not only in the mechanics of writing such a grant but in the realization of the need for integration of community needs by the community. We plan, in the future, to present another grant in our attempt to become comprehensive. In the interim, we are growing toward that status. We will be enlarging our physical plant to accomodate additional staff members who will provide needed services. We are very much involved in educating the community to our needs and our ability to meet their needs through publicity, workshops, meetings with the County Commission and interested lay people on common problems and in increasing rapport with the physicians in the

community. We are more involved in consultation, education and training experiences for agencies, patients, the general public, nurses, social work students, volunteers, etc. We feel that we are heading in a direction that leads to the growth we desire and for providing more effectively both direct and indirect services to the people of Aiken and Barnwell counties.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

ANNUAL REPORT

Center operations this past year were characterized by directional shifts; from an emphasis on generation of plans, to the implementation of those plans; the identification of our child and adolescent patient load, and the establishment of a specific child and adolescent treatment unit; and to the activities of a comprehensive health education and consultation project.

Treatment program improvement and function was the main theme of our efforts this past year. Two grant requests were prepared, submitted, and approved. These grants provided for the establishment of a Comprehensive Health Education and Consultation Project (C. H. E. C.); and a Child and Adolescent Program, operating in conjunction with a similar program at the Greenville Area Mental Health Center.

The past year also saw another first for this Center: formal contractual agreements with other community agencies and activities for both the delivery and receipt of services. These contracts cover the areas of special education teachers and facilities, automatic data processing support and services, and a program evaluation project.

Two satellite clinics have been opened (Seneca and Easley) to make Center services more accessible to patients on the outer edges of the catchment area. Additional space needs caused the establishment of an ad hoc committee of community members to prepare a program for fund raising, site selections, and determination of actual square footages required.

All operations within the Center, both clinical and administrative, have undergone continuing scrutiny and examination with aim of improvement, refinement, and maximum economy in terms of funds and personnel. The past year has

been one of challenge, opportunity, and demand. The Center performed its mission, and looks ahead to the coming year as one of even greater accomplishment.

BECKMAN MENTAL HEALTH CENTER OPERATING BUDGET FOR FISCAL YEAR

Carried Over June 30, 1974	1,920
New Admission 1973-1974	945
Re-admissions	9
Follow-up Interviews	1,384
Total Persons Interviews	4,699
Terminations	1,590
Hours for Community Service	949.5

Operating Budget for Fiscal Year—

The Beckman Center was successful in obtaining the Federal Continuation Grant in the amount of \$302,267.00. Inpatient facilities is provided at the Self Memorial Hospital. Day care facilities are provided at the Center in Greenwood for the entire catchment area. After-care groups meet in Greenwood, Laurens, Clinton and Newberry. Clinics are being conducted in each of the seven counties. A full time satellite is in operation in Laurens.

The Beckman Center continues to offer all of the services reported in the past, as well as the increased services.

CONSULTATION AND EDUCATION

A. Consultation and Education with clergymen has included a course, "Mental Health and the Ministry," participated in by clergymen from four counties. Sixteen ministers received certificates upon completion of this course. In addition, there have been on-going peer groups less intensive in nature.

B. The School of Social Work, University of South Carolina, has continued to use our Center as a field placement agency for graduate students. Two students completed their first year placement during this fiscal year.

C. The *Plays for Living* series, focusing on various issues and problems in family life, has continued with three presen-

tations of "War of the Words" during this fiscal year. A new volunteer drama group has been formed in Abbeville County. A grant application has been written and submitted to the South Carolina Arts Commission for the purpose of underwriting the *Plays for Living* project.

D. Consultation in the schools has continued and increased with all members of the staff involved to some degree, but with three staff members carrying primary responsibility. One staff member has led problem-solving groups of adolescents and collaboratively offered consultation to school personnel. Consultation with administrators and teachers was the approach utilized in the lower grades. During the year, on-going consultation was provided to a number of school psychologists in the area.

E. On-request consultation has been made available in all counties to Departments of Social Services, Health Departments, Family Courts, Vocational Rehabilitation, children's homes, and the like. Each outlying county is visited at least once a month where a staff member is available for consultation on request.

F. A Marital Enrichment group consisting of four couples met for six sessions, dealing with issues pertinent to the enhancement of their respective marriages.

G. The full-time Addictions Specialist who was added to the staff in February, 1974, has been utilized on the advisory committee with the Greenwood Alcohol and Drug Committee in forming the county plan of operation, and also as liaison with the State Alcohol and Drug Commission. She has participated along with another staff person in rap sessions in high schools and in a values clarification workshop with public school teachers.

TREATMENT

A. An after-care program is maintained for State Hospital returnees. This program is offered to each person who is released from the hospital back into our catchment area. The program offers the patient group therapy, medicine checks and socialization.

Currently there are four active after-care groups located in Greenwood, Laurens and Newberry Counties. Each group is

provided with the basic services previously mentioned. We have received support from a variety of church and civic organizations in providing interesting and stimulating social activities, i.e., fishing trips, cookouts and a range of handicrafts for these groups.

In general we feel the patients enjoy these groups as well as their providing necessary follow-up or continuing treatment plans. This program will continue in the future with further additions contingent on demand.

B. The Center provides some drugs for State Hospital returnees and indigent patients. This program has proven to be beneficial to the recipients and it is felt that the availability of prescribed medicine has reduced the number of state hospital commitments.

C. The partial hospitalization program was initiated in April, 1973, as one of the five essential services. This program is currently operating two days a week and present plans call for operation five days a week within the next few months. Likewise, the number of patients served through this modality of treatment will be greatly increased. Present plans call for treating a large proportion of the pre-care and after-care patients through the partial hospitalization model.

The program currently provides individual counseling, group therapy, occupational therapy, recreational therapy and instruction in nutrition and personal grooming. The staff also counsels with family members of the patients to assist with planning for the more chronic patients as providing crisis planning with families and patients.

Evaluations for other agencies, Departments of Social Services and Departments of Vocational Rehabilitation, are done through this program.

The partial hospitalization staff consults with other agencies regarding the patient's physical needs such as financial assistance, shelter, food, clothing, etc.

In some cases patients from the in-patient unit spend a part of their day in the Partial Hospitalization program. Discharge planning is done with patients to assist them in moving from the Partial Hospitalization program into other

treatment programs, returning to work or referral to other service agencies.

D. Various groups are maintained:

1. A variety of adolescent groups have been in operation at high schools, at the Center and on campus of private children's homes.

2. Behavioral Modification techniques are employed with a children's group of middle school age.

3. A small group of elementary school children with specific learning disabilities has been seen on a weekly basis during the school year.

4. Children's Day Camp. A group of children attended a six-weeks program at the Center as a replacement for the program previously provided by SCDMH that was not available this year. Some effort at follow-up is planned, entailing consultation with school personnel and parents of the children.

E. Clinics are maintained in our catchment area: One day per month in Abbeville, Edgefield and Saluda. One of the staff doctors is available in these counties on clinic days. The Newberry clinic has been expanded to one full day weekly with services provided by a clinical social worker and a psychiatrist. A satellite clinic was opened in Laurens County with a full time receptionist, a mental health counselor four days a week, and additional personnel on a scheduled basis.

F. Individual therapy, group therapy, and family therapy have been provided for alcohol and drug abusers and/or their families. This service has been expanded by the addition of an addiction specialist who also serves as liaison with ADAC.

G. Individual therapy for the aged and indigent is provided. Most of these patients are eligible for either Medicare or Medicaid and the Center cooperates with these programs.

H. In-Patient Service:

A thirteen-bed unit is in operation at Self Memorial Hospital, fully staffed by registered nurses, licensed practical nurses, and mental health technicians. This unit offers short term intensive treatment not previously available in the

catchment area prior to comprehensive status. Treatment modalities include: Individual therapy, group therapy, chemotherapy, electroconvulsive therapy, occupational therapy, and recreational therapy.

CHARLESTON AREA MENTAL HEALTH CENTER

The past year has been an exciting one for the Charleston Area Mental Health Center.

In the area of services to children and youth, we have experienced an expansion of our existing services in that we now have a vital ongoing program of parent classes, a pre-school program, and have this year operated our own summer camp program, all of this in addition to our regular diagnostic and therapeutic services.

The Crisis Intervention service of the Center reached its maturity during this fiscal year in providing a vitally needed service to our area and the response from the community has been heartening. We have received much help from volunteers in this service, including medical volunteers represented by residents in the Department of Family Practice of the Medical University of South Carolina, and others who have given many hours of their time in support of the efforts of our Crisis Intervention team.

We continue to be somewhat disappointed and frustrated in our inability to open up our Dorchester County Satellite Clinic on a full-time operating basis but we are hopeful that within the next fiscal year this will become a reality. In the meantime, our Berkeley County Satellite Clinic under the very capable leadership of a new director has continued and expanded the very good community base established by the former director in addition to providing expanded clinical services to the residents of Berkeley County.

During this fiscal year the Center undertook a unique educational program which is termed "the Evening Program" and addresses itself to the presentation of a variety of educational opportunities to the residents of our catchment area which are not therapeutically oriented, per se, but aids the participants to improve his own mental health through appropriate educational activities. A sampling of the course subjects dealt with during this past year have been "Obesity, the

Psychological and Medical Aspects," "Appropriate and Productive Use of Leisure Time," "Playing With Your Child," "The Womanly Art of Self-Defense," and "Exercises in Relaxation."

The Center instituted an additional dimension to our Day Care service during this year which addressed itself to the particular needs of the more chronically ill and less socially adept patient. This is termed our PEP program and is primarily used by a number of patients in the Aftercare service, as well as some patients that are referred from the Inpatient Unit.

The Aftercare service continues to be that service that is involved with the largest number of patients on an ongoing basis and has this year experienced some increased vitality in a very effective relationship with the South Carolina State Hospital system in providing a much more meaningful transition of the discharged patient back into his home community. The Activities Program of the Aftercare service continues to receive the enthusiastic support of a large cadre of volunteers from such groups as the Mental Health Association, the Air Force Wives Club and others.

Our Inpatient service has continued to provide a high level of therapeutic effectiveness and close collaboration with other service modalities of the Center to the extent that in the months of November and February our Center achieved a coveted goal of not having a South Carolina State Hospital commitment initiated through our Inpatient Emergency Service during those two months. Our Inpatient service maintains a high rate of utilization of its twelve beds, and the staff is very involved in the over-all concept of continuity of care practiced by the total Center.

Consultation, educational and staff development activities have continued at a commendable level throughout this fiscal year. The services of the Speakers' Bureau of the Center are used constantly by various civic, fraternal and service organizations within the community, and the Center has reached its highest level of community visibility during this fiscal year. On their own initiative and with Center support a number of the professional staff members have availed themselves of special educational opportunities to increase their level of

expertise in various therapeutic modalities and thereby have become of increasing usefulness as consultants not only to our own staff but to other community care givers.

COASTAL EMPIRE MENTAL HEALTH CENTER

During the fiscal year 1974 there were several staff additions which included—a Staff Psychiatrist, a Project Administrator, an MSW in charge of the Hampton Office, and an Addiction Specialist for the five county area,

The Center received a federal construction grant for construction of a new Mental Health Center building to be located in Beaufort. In addition, the Coastal Empire Center received an award of a federal eight year staffing grant for hiring the necessary personnel to achieve comprehensive status. The target date for construction of the new building and implementation of the federal staffing grant is currently the first of April, 1975. Plans are also underway for the opening of another office in Ridgeland, S. C.

COLUMBIA AREA MENTAL HEALTH CENTER

General:

The Center experienced some very significant changes during the past year with the regular support, analysis, planning and programming continuing to increase. The Center, at the close of the year, had 3,775 open and active cases with an average monthly admission rate of 161; outpatient visits totaled 1,525 per month; day care patients averaged 30 per month; and the inpatient service averaged 5.5 patients per day.

In March, 1974, key staff members from the Center along with the Deputy Commissioner for Community Mental Health Services were involved in a "Forward Planning Task Force" for direction of Center programs. This proved to be very beneficial and has brought about a workable solution for major program developments mentioned in this report.

Specialized Services to Children and Adolescents:

With the employment of highly qualified mental health professionals, on May 1, 1974, the Center began expanding comprehensive services for children and adolescents.

On an approved federal grant of \$404,025, but not originally funded by the Office of Management and Budget of the Federal Government, the Center proposed to provide or have available in the Mid-Carolina area, a full array of comprehensive mental health services for children and adolescents. This is to include the expanded outpatient evaluation and therapy, consultation and education to the general public, training for professionals, inpatient services, emergency services, and partial hospitalization. The latter includes day care, evening care, weekend care, and night care. The basic concept is two fold—first to employ crisis techniques before problems become extreme, and two, to involve the ecosystem in the evaluation and treatment of the child or adolescent. That is, deal with the total environment where the potential patient comes from. This would mean that better than 50% of the staff would be in the community to assist various agencies, as well as potential patients, in problem areas which prevent healthful living—mental health that is. The remaining group would be developing therapeutic programs in the community and the Center for those who need this support to cope with their problems.

With the cooperation of the staff, Board of Trustees, and the medical group of the Richland Memorial Hospital, the inpatient portion of the program will be in full operation just about the time the program is well under way by July 8. Negotiations are underway to open the eleventh floor east to accommodate adults and adolescents (13-up) and to place children 12 and under on the pediatrics ward. Two double modular units have been purchased and placed on Center grounds for occupancy by the remainder of the children's staff. Work continues to get the grounds, parking area and sidewalks ready for easier accessibility by clients and staff.

The Columbia Center being the first in the southeast of the United States, also is the first in the Southeast to have approved and awarded the stated grant for Special Services to Children and Adolescents. This would not have become possible had it not been for the assistance of the National Council of Community Mental Health Centers. Through their assistance, the Center became involved in a class action suit against the administration of the federal government for these impounded funds which were originally approved but

not awarded. With the federal court's injunction, which awarded the grant to the Center before June 28, 1973, staffing provisions came under the original Community Mental Health Center's Act—with amendments—to have this award continue for eight years as long as federal funds are appropriated and approved. For the first two years federal will participate at 80%, while state and local will contribute matching funds at 10% each.

The current case load numbers 840, with an average monthly admission rate of 32.

Emergency Services and Richland Memorial Agreement:

Following many months of proposals, planning and organizing with officials of Richland Memorial Hospital, the Mental Health Center, the Department of Health, Education and Welfare Regional Office and the State Department of Mental Health, a workable solution for the reopening of the psychiatric floor (11 East) was settled upon. An official target date of July 8, 1974, for reopening the ward has been set. Inpatients will be housed on 11 East but will return to the main Center building during the day for the activities program.

The main building will be closed each evening at 9:00 P.M. All telephone calls will be transferred to the Emergency Room at the Hospital where there will be on duty a University of South Carolina graduate student and a masters level staff member at 5:00 P.M. each day and 24 hours each weekend.

**HORRY-GEORGETOWN-WILLIAMSBURG MENTAL HEALTH
CENTER**

Several program additions were made during fiscal year 1973-74, which have expanded the total mental health center program and its service offerings. Williamsburg County became a fully participating county financially, with two center staff members working in the Kingstree satellite office. Each of the three counties has written and applied for Drug Program formula grants (in cooperation with professional staff). An interagency council was formed in Horry County; a parent-adolescent group in conjunction with Family Court was initiated; a formal program of consultation and special

services with the elementary schools, using a professional staff member, was conducted. Other new and/or expanded services or programs during 1973-74 included the beginning of a pre-care program geared to emergency psychiatric illnesses and continuity of care to mental health service recipients, expanded aftercare services, both in terms of professional staff and therapy groups, and an increase in direct services reflected in case numbers and total therapy hours. In this fiscal year, the Mental Health Center consisted of three offices, one in each county, staffed with professional and supporting personnel, offering a full range of direct services, aftercare services, consultation and education and the beginning of pre-care and emergency hospitalization. The Center professional and supporting staff for the three county catchment area now totals thirteen (13).

The Center's program emphasis continues to be consultation-education as a primary means of service delivery, with early detection of social and emotional problems as a primary goal, and prevention of "mental illness" as an ultimate goal. The consultation-education programs accounted for 50% of professional staff time. Such programs for illustrative references include Alcohol and Drug Councils, Helping Hand (crisis counseling service), Headstart, Family and Probate Courts, Exceptional Children's Program, Home Health Services, Ministers Group, Myrtle Beach Air Force Base, Inter-Agency Councils and many others (i.e., see program outline). Educational programs have been conducted with lay, professional, agency and private organizations. All staff has been active in lectures or serving as the guest speaker to church, civic, professional and lay groups. Consultative services were used by the Technical Educational Center and the Coastal Carolina Regional Campus for both students and personnel. Also, consultation and education services were used by twenty schools this year. Community organization has been an important function of the professional staff in terms of helping identify community needs, providing the impetus to meet those needs and giving backup support for the organizational programs to serve those needs (i.e., Drug Councils, Inter-agency Council, Headstart, Helping Hand, Exceptional Children's Program, Senior Citizens, etc.).

The need and pressure for direct treatment services has increased, particularly this year. The remaining 50% of staff

time was spent in direct patient services to include individual (both adults and children), marital, family and group treatments. Aftercare patient numbers have increased with correspondingly more treatment groups requiring more staff time. Child and adolescent patient treatment needs have increased. Precare, with emergency hospitalization, has added to the increased demand for direct services. These needs have been accommodated within our program of services.

This increased demand for services predicts the addition of staff as we look to fiscal year 1974-75. Anticipated areas of need are in pre-care and aftercare services, drugs and alcohol and in children and adolescent services. Other funding situation appears to be adequate to meet these challenges and to continue the evolvement of a comprehensive mental health program for this area.

GREENVILLE AREA MENTAL HEALTH CENTER

I. INTRODUCTION

This is the Twenty-Fourth Annual Report for the Greenville Area Mental Health Center. Fiscal year 1973-74 was a period of continued growth and development of the comprehensive community mental health program. New services were implemented and additional personnel added. Further expansion of the program is anticipated in order to meet the mental health needs of a rapidly growing industrial center.

The Center was established in September, 1950, for the purpose of providing community mental health services to the citizens and agencies of Greenville County. Throughout the years of operation, the Center has been basically financed one-half by Greenville County and one-half by state funds. Fees collected are applied to the county's share of the Center's support. A federal comprehensive community mental health center staffing grant began in 1969 and has made it possible for the Greenville Area Mental Health Center and Marshall I. Pickens Hospital to expand services to include all of those required of a Comprehensive Community Mental Health Center. Current legislation provides for these funds to continue for an eight year period. The Greenville Area Mental Health Center and the Anderson-Oconee-Pickens Mental Health Center were awarded a federal staffing grant effective May 1,

1974, for the purpose of developing a specialized Child and Adolescent Program for the catchment areas. Other new funds awarded the Center to support programing were special funds from the State Department of Mental Health for pre-care screening and aftercare services and a staff position funded by the Addictions Center for aftercare services.

II. PROGRAM DEVELOPMENT

The Center opened the second satellite clinic, the Greer Mental Health Clinic, in January of 1974. Much community participation was involved in the planning for this satellite and the services have been utilized fully. In fact, there is a need to increase the staff of the Greer Mental Health Clinic. Outpatient services, an aftercare program and consultation and education are offered in both Greer and Travelers Rest (where the first satellite clinic, the North Greenville Mental Health Clinic, was opened in April, 1973). Both programs are moving well and a third satellite clinic is planned for Simpsonville in fiscal year 1974-1975.

The evening clinic at the Grove Road Center continues to be an asset to the community. A planned aftercare program was added to the evening clinic during 1973-1974.

The partial hospitalization program operated jointly by the Greenville Area Mental Health Center and the Marshall I. Pickens Hospital became a five days a week service during 1973-1974. The patient population of the program continues to increase. The expansion of partial hospitalization and the better structured aftercare program, "Advance," have enhanced continuity of patient care.

The "Advance Program" has become a more aggressive aftercare service and it is working to keep patients out of institutions. "Advance" is available at the Greenville Area Mental Health Center, its satellites, and the evening clinic. Volunteers are widely used in the "Advance Program."

The specialized Child and Adolescent Service was funded May 1, 1974. New staff have been recruited including Dr. James Merritt, a child psychiatrist. This program emphasizes intensive diagnostic and evaluation services, treatment services for children and parents, collaborative endeavors with schools and others working with children, and specialized

consultation and education services. The School District of Greenville County is an affiliate in this program receiving funds for special education teachers and learning specialists. The Center staff and the department of Pupil Personnel of the School System will work cooperatively in serving children and adolescents.

The Crisis Intervention Service has become a model for the state. The number of new calls by those in crises situations continue to increase. A second full-time paid employee has been recruited to assist in the operation of this service. Volunteers continue to work diligently as telephone counselors. Crisis Intervention has received wide support from local media in promoting the service.

The Addictions Center has funded an Addictions Specialist III position for the Greenville Area Mental Health Center. In addition to acting as a liaison between the two agencies, the addiction's specialist coordinates aftercare services for substance abusers. He is also developing consultative services for other agencies and provides educational services to the general community regarding addition problems. A grant request has been submitted for the purpose of expanding this facet of the Center's program. This is especially needed due to the numerous problems related to alcoholism and abuse of other drugs in Greenville County.

Direct services to adults has always been a very effective segment of the program. More and more people in need are seeking this service. Additional personnel is needed to meet the growing demands. Much of the growth is due to the greater accessibility of services and to the promotion of the services through public media.

The Center now has the most effective consultation and education and inservice training programs that it has ever achieved. Personnel of the Center and other community agencies participate in planning the inservice programs and personnel from all of these agencies attend inservice training.

Consultation and education continued to develop and expand in 1973-1974. Staff members provided content for many newspaper articles during the year and also participated in several television and radio interviews and "talk shows."

Speeches and discussions were provided for PTA's and numerous other community clubs and organizations. The Director of Chaplaincy has a very strong program of consultation and education for community clergymen. The Center now has consultation programs with practically every agency in the catchment area.

One outstanding service which was initiated in 1973-1974 was an agreement with the Greenville County Personnel Department whereby the Center evaluates and interviews applicants for several departments of county government. A similar agreement with city government is being planned.

To further enhance the relationship of the Center with the other community agencies, many of the staff members serve on agency boards, committees, advisory groups and planning bodies.

The Clinical Pastoral Education Program is one of the outstanding CPE programs in the region operating in a mental health center. Local ministers and seminary students have completed training programs during the year. Currently there are three full-time trainees. Workshops and seminars are sponsored for ministers who cannot take advantage of the longer blocks of training.

Educational and training affiliations with the University of South Carolina School of Social Work, the Family Practice Residency Program, and the Mental Health Technology Program of Greenville Technical Education Center have continued and expanded during the year. All family practice residents rotate through the Greenville Area Mental Health Center.

The program of the Greenville Area Mental Health Center is expected to continue to grow in fiscal year 1974-1975. Community interest and participation is excellent. The programs will also become more effective and efficient as a result of the contract with Clemson University for program evaluation. The Child and Adolescent Service will operate fully in 1974-1975. As a new year begins one of the greatest needs is for additional office space at the Greenville Area Mental Health Center and the anticipated satellite in Simpsonville. With the expected community support, the Center looks forward to the challenge of 1974-1975.

ORANGEBURG AREA MENTAL HEALTH CLINIC

During the fiscal year 1973-74 the number of services offered by the Orangeburg Area Mental Health Clinic have increased in number since the 1972-73 report. The primary emphasis has been increasing the outpatient services with a minimal decrease of consultation and education services. This change was resultant of community demands for more direct services and fewer requests for consultation and education services. In addition to this, the aftercare services have increased by patient load significantly during the past year.

During the 1974-75 fiscal year, it is anticipated that there will be the following staff positions available:

- Two part-time general psychiatrists
- One Clinical Social Worker II
- One Clinical Chaplain II
- One Clerk Typist I
- One part-time Nurse III with clinical experience.
- One Clinical Social Worker

It should also be noted that pending grant approvals and application, other positions may become available during the forthcoming fiscal year.

During this year, the Orangeburg Area Mental Health Clinic has continued to provide outpatient services, consultation and education, and aftercare services to the counties of Orangeburg, Bamberg and Calhoun. This fiscal year the clinic offered the following outpatient services:

1. Psychiatric evaluation
2. Psychological evaluation
3. Psychosocial evaluation
4. Precare screening
5. Aftercare activities program
6. Chemotherapy
7. Individual therapy
8. Family therapy
9. Couples therapy
10. Adult group
11. Couples group
12. Alcohol group
13. Med. Check groups

14. Adolescent group
15. Adolescent parents group
16. Latency age group
17. Latency age parents group
18. M B D group
19. M B D parents group
20. Behavior modification training classes
21. Aftercare services in Orangeburg
22. Calhoun County aftercare services
23. Crisis intervention

In addition to these outpatient services, the Orangeburg Area Mental Health Clinic has offered consultation and education services to the following agencies:

1. The Departments of Social services of the three-county area
2. Health Department
3. Orangeburg Department of Vocational Rehabilitation
4. O.E.O.—Human Resource Committee
5. Calhoun County Child Development Center
6. Orangeburg Head Start Program
7. Partners
8. Home Health Nurses
9. Physicians in the three-county area
10. Orangeburg Public Schools
11. Council on the Aging
12. Alcohol and Drug Abuse Commission
13. Advisory Board to the Alcohol and Drug Abuse Commission
14. Lower Savannah Regional Comprehensive Health Planning Commission
15. Local Clergy of the three-county area
16. South Carolina Department of Health and Environmental Control
17. Orangeburg Mental Health Association
18. The Methodist Home
19. Orangeburg Association for Retarded Children and Adults
20. Family Court
21. The local law enforcement agencies (Police Departments)
22. The local sheriff's department

23. The local jail
24. The aftercare volunteers

In addition to the aforelisted consultation and education services, the Orangeburg Area Mental Health Clinic has also offered the following educational services to the community:

1. A workshop for the local clergy
2. Public lectures by staff members to various concerned groups and agencies
3. News articles carried by the media, i.e., radio or newspapers
4. Personal contact with community agencies and persons

We would like to point out that, of the various agencies listed above with which we are consulting, there has been a discontinuation of the Voorhees College Administration, the South Carolina State College Speech Pathology Department, and the regular meeting with the local ministers and the Orangeburg Regional Hospital nurses. The deletion of these services was resultant of a decision to increase the outpatient services offered by this clinic and to utilize staff time in the outpatient services as opposed to a continuation of utilizing staff time for the specific consultation and education programs with these groups.

In keeping with the Plan of Operation for 1973-74, the staff of the Mental Health Clinic has endeavored to expand the number and quality of the outpatient services offered. In addition to this, the clinic has continued to work with various agencies and other groups in order to provide consultation and education services as well as to develop and disseminate good mental health tenants in the three-county area. In conjunction with this, over the year the staff has begun researching the possibilities of writing grant requests in order to more adequately service the needs of the various community agencies. As a result of this research, the staff is presently exploring the possibilities of developing a court unit through LEAP funds as well as the possibility of developing satellite clinic operations in both Bamberg and Calhoun Counties. In addition to this, the emphasis being placed on the precare and aftercare services has resulted in the staff recruiting personnel for these positions. Also, this fiscal year has seen considerable concern about the present facility and

its adequacy and the staff is in the process of researching the possibility of locating a more adequate facility for the Mental Health Clinic.

In accord with the Plan of Operations, a major emphasis was placed on the provision of outpatient services and during the 1973-74 fiscal year, the Orangeburg Mental Health Clinic saw 3,191 person interviews and 2,909 person interviews in group. This demonstrates a minimal decrease in the number of person interviews over last year, however an increase in the number of person interviews in group. Considering that this is an extremely high number of interviews for the staff size, maintaining of this number of contacts over the year indicates significant schedule adjustment to service the outpatient needs as well as aftercare needs of the communities which are serviced by this clinic. In addition to these, however, there were 604 hours rendered by this staff for community services as well as an increase of total patient load to 430 active patients at the end of the 1973-74 fiscal year. This year seems to be one in which the clinic maintained an extremely high level of service delivery to its clientele. In addition, the initial research and program planning that have been developed in this year in the area of developing satellite programs as well as grant possibilities indicate that the forthcoming year may be much more promising as far as total services rendered than this past year. All efforts are being made to maximize the utilization of staff time in balancing the amount and type services offered to the community in accord with what are defined as the community needs.

PEE DEE MENTAL HEALTH CENTER

The efforts of the Board of Directors and staff were heavily focused on the development of financial and community support for the projected Comprehensive Center. The Board, as well as The Mental Health Association and other interested citizen groups, vigorously pursued the three county council and delegation representatives to secure appropriation commitments to serve as the local funding share for the Comprehensive Center. After many meetings and presentations to the governing bodies, success became a reality as Florence, Darlington, and Marion counties appropriated the

required funds for the first year of operation of the Comprehensive Center beginning May 1, 1974.

PROGRAM ACHIEVEMENTS:

Consultation and Education

1. Provision of monthly group and individual consultation services to medical social workers representing nine hospitals in the Pee Dee area.
2. Provided sixty hours of inservice training for Head-start teachers.
3. Over one thousand hours of other community services including case consults; continuing education program for pastors; housing project consultation for elderly residents; printing six different information pamphlets for distribution; and group speaking engagements.

Outpatient Services

1. Staff additions of a full time Psychologist and Mental Health Counselor.
2. Provisions of special program services including parent counseling group focusing on child development techniques; and an aftercare volunteer training program.
3. Fixed up and painted playground equipment.
4. Expansion of aftercare services by establishing a once-a-month aftercare group in Marion county satellite office.
5. Provision of a field work experience and supervision of two first year students from the University of South Carolina graduate school of social work.
6. Increase of clients served from last year average monthly caseload of 475 to 550 this year.

Emergency Service

1. Establishment of the crisis intervention program at the walk-in Help Center in conjunction with the Florence County Drug Abuse and Alcohol Commission. Hours of operation from 8:30 a.m. to 10:00 p.m.

In summary, the Board of Directors, staff and interested community groups have enthusiastically continued to work together to carry out the necessary tasks in the development

of the Comprehensive Center organization and program. This has been a productive year of expanded service and we look forward to additional growth in the coming year.

PEE DEE MENTAL HEALTH CENTER STATISTICS

FISCAL YEAR 1973-74

New Admissions	522
Children	166
Adults	356
Re-admissions	85
Children	25
Adults	60
Terminated Cases	666
Children	217
Adults	449
Person Interviews:	4409
Group Sessions:	177
Person Interviews In Group:	973
Family Psychotherapy Sessions:	68
Person Interviews in Family Psychotherapy:	188
Total Number of Community Service Hours:	1314½
During Hours	859½
After Hours	455
Number of Cases at End of Year:	475
Children	118
Adults	357

SANTEE-WATEREE MENTAL HEALTH CENTER

Clinical Services:

Cases Opened	1,386
Cases Terminated	1,099
Walk-in Contacts	1,152
After-Hours Emergency Calls	354
In-Patient Days	1,953
Number of Person-Interviews with or about patients (excluding group/family therapy)	9,248
Number of Person-Interviews in group/family therapy	3,888
Number of group/family sessions	963
Number of person/days in partial hospitalization (day activities)	2,944

Consultation and Community Services:

(Column 1 shows figures for "recipient hours" collected for the first quarter. Column 2 shows figures for "actual staff hours" for remaining quarters. The change to "actual hours" more accurately records the amount of staff's time in these areas than did "recipient hours.")

	Col. 1	Col. 2
School personnel	3,160.8	361.8
Clergy	77.2	67.8
Police, courts, law enforcement personnel	99.0	238.9
Mental health facilities	358.5	155.4
Social and community agencies and associations	1,730.6	929.9
Physicians	50.4	139.6
General public	10.1	167.3
Others	60.9	129.3
Total	5,547.5	2,190.0

Fiscal Summary:

Final cost expenses	\$393,089
Fees collected	\$ 47,584

Narrative Summary:

Section II. *Clinical Services* documents a large increase in the great majority of sub-areas. This reflects continued increase in the total delivery of direct services. An almost three-fold increase in the number of cases terminated is due to attention paid to closing inactive cases previously carried on the active roll. The number of walk-in contacts demonstrates the effectiveness of a direct service which prevents having a waiting list or other delays in seeing persons requesting direct service. "After-hours emergency calls" increased about fifty (50) percent. The number of in-patient days remained fairly steady. Interviews in three areas listed reflect increases in the staff's caseload. Of particular significance is the increased number of patients utilizing partial hospitalization. The utilization of partial and in-patient hospitalization locally and walk-in and emergency services has significantly reduced in-patient admissions to state institutions as documented in various reports from statistical reporting services of the Department of Mental Health.

Section III. *Consultation and Community Services* documents a large increase in these areas. The first quarter statistics of total recipient hours are over half of the total recipient hours recorded for last year's report. Consultation and community services to schools, clergy, law enforcement personnel and mental health facilities continue to expand as established last year. Figures for social and community agencies and associations reflect frequent contact with Department of Social Services, Vocational Rehabilitation, Health Department, Department of Mental Retardation, Mother's Pajamas (a walk-in crisis counselling center sponsored by the Sumter County Drug Abuse Council) and other community agencies.

Section IV. *Fiscal Summary* deserves special attention with an over two and one-half increase in fees collected, an increase from \$19,149 to \$47,584. This is directly attributable to aggressive efforts in collecting primarily from third party payees and also from individual clients.

Four graduate students from the University of South Carolina College of Social Work completed first year field work and supervision at the Center. The Center will serve as a placement for students again in 1974-75.

The Center's total caseload as of June, 1974, is 1,352, compared with 1,151 as of June, 1973.

SPARTANBURG AREA MENTAL HEALTH CENTER

1973-74 was sort of a holding year for us, backing off in a few spots, developing additional areas, looking for help here and there. We have continued to have to pay more attention to finances than we would like. Continued struggling with Department of Social Services funding has so far yielded less returns than the cost of staff time investment. However, just at the close of the fiscal year, the situation seemed to be shifting to where finally returns may be of some consequence. We also finalized an expansion grant application with the full understanding that funds might very well be unavailable. So far this has been the case and we have been dangling on the limb relative to strengthening two particular areas of service. One is a more specifically designated children's service, which would add to our already rather extensive investment. The other area is that of service to alcohol and drug problems

where we need not only additional staff but also space. We have sought additional sources of funding to support both of these service areas, but so far have been unable to finalize anything. We are still working with other local agencies to see if we can avoid a marked reduction in our present level of services to alcohol and drug problems. It is impossible to continue this level on and on because in a very real sense our basic Partial Hospitalization program is being overwhelmed. A post-detox Day Care program has been worked out in conjunction with the Alcohol Commission and Alcoholics Anonymous. Our staff contributes mainly through group psychotherapy.

Speaking of space, another critical area is related to our chronic day care component of Partial Hospitalization. Actually we need separate space for our more treatable patient programs, the detox and therapeutic day care unit for alcohol and drug problems, and an area for chronic day care patients.

Our Industrial Program is still sort of floating around at ground level. We ended the fiscal year with one fairly likely contract and one near-certain, the latter to start early in 1975. We have committed ourselves to as active a role as possible in this as well as in other possible contractual arrangement areas, for example, the school systems. In all of these, however, we are faced with problem of utilizing our present staff until such time as based on this additional income we can hire other staff to take up the slack in our regular work. The change in the State system whereby positions can be added during the year makes these possibilities considerably more feasible.

A staff social worker and psychologist have been quite active with the group that has set up the Girl's Home. Both are ex-officio members of the Board. There seems to be a fair chance of eventually working out some sort of contractual service, possibly under a grant, but at present the services will be provided as a part of general center functioning.

Our Board of Trustees performed duties in relationship to our basic budget and the County Commission's position thereto. This is the first time in several years that they had to raise the local share. This has worked out despite the County Commissioner's initial position of allotting no increase.

From the sound of this report, it would appear that we have mainly struggled with the economics of the Center. This is certainly incorrect, but an inordinate amount of time and energy does seem to have gone that route. Amongst other achievements, various staff members have participated in health planning programs. We have added the position of a full-time pharmacist so that we could fill prescriptions without patients having to make two trips. Our present part-time pharmacist has estimated that a slight increase in the cost of medication will pay for this full-time position, costing patients no more since they can then secure their medication on one trip.

Two of our staff members have done the ground work for expansion of our services with law enforcement agencies. This particular groundwork had to do with the pre-release center, where shortly we hope to have one or more groups operative.

Of course the State Office is well aware of the After-Care developments, in which they have played a very active role, with State funds being provided as a base for this expansion. We have utilized the 48 hour hospitalization period to good effect in a few instances. This is a part of pre-care screening. There are many kinks in the whole program that have yet to be worked out. A group of State Hospital dischargees has already been placed in apartments where our staff is working with them supportively. It is too early to realistically assess results, but present planning is to continue to develop this program unless a counter reaction that is developing nation-wide should reverse the State Hospital discharge program. An After-Care program has been started in our Union office. Plans are to begin one shortly in Chesnee in Spartanburg County.

Our Center is still particularly concerned about who is going to provide funds, facility and staff for the "in-between service" that is bound to increase with marked numbers of patients being detoured from State Hospital admissions. These are bound to be rather severely troubled and disturbed patients, with what this means about treatment demands upon our Center.

We began participation in the State-backed day care camp program working with two groups, pre-teen and teen. We had many growing pains but it seemed to hold sufficient value to warrant consideration for its continuation.

We had been discussing with the Greenville Mental Health Center the possibility of a full time staff member in Greer working in conjunction with their satellite in that locality.

During this year, one of our psychologists presented a paper at the American Psychological Association. One of our clinical social workers attended a seminar at Smith College. Our Director of Nursing attended the Nurses' Association meeting in San Francisco. A number of our staff have attended workshops on Transactional Analysis. Our Center, along with the State Department of Mental Health and several of the pharmaceutical companies, sponsored a workshop led by Dr. Maurice Greenhill. A large number of our staff were involved in an I.P.R. group which met weekly during this year.

We have employed a Ph.D. psychologist to work in Union, joining our pastoral consultant who had begun work there in February of 1974.

Our Acting Director of Chaplaincy has been conducting an advanced course in pastoral counseling. Also he has been working largely with families and couples. As best we can tell, he is building an excellent community base from which to expand these services in the community.

One of our clinical social workers has continued her work at the Mountain View Nursing Home. Once a month she sits in on the Utilization Review Committee. She also goes two Wednesdays a month for consultation, in-service training and direct patient work.

Four students from the University of South Carolina School of Social Work had their field placement with us. One of our social workers handled the entire supervision, which we felt to be an excellent arrangement for the students as well as an economy for the Center. It is our understanding that placement in our Center is rated as a high priority with students at the University.

We have also provided the clinical experience for a nurse in the Master's program at the University of South Carolina.

Family Practice residents from the Spartanburg General Hospital are rotating through a short placement with us, the Hospital requesting particular emphasis upon a learning experience in drug and alcohol programs. We expand this in such a way as to try to provide a more meaningful learning experience.

TRI-COUNTY MENTAL HEALTH CENTER CHESTERFIELD-MARLBORO-DILLON

Despite a restricting budget, our full-time staff of five professionals and four secretaries kept three county offices open on a full-time basis.

The Pre-care Screening and Aftercare Program will enhance an already active and growing treatment area. Total attendance at Aftercare was up 34% over the last year, total State hospital admissions were down 8%, and total Aftercare clients constitute 47% of all open active cases. Aftercare serves 155 clients monthly over four locations and three days. After care remains our largest out-patient treatment program with all professionals involved in the service.

Consultation-Education staff hours increased by 73%. Our unique hospital consultation program made consultants available to all three county hospitals. Our annual two day seminar for ministers was well attended. The Center staff assisted the highest growth ever in membership for our two vital mental health associations. The visibility of our services and activities were heightened by numerous newspaper articles, public talks, and weekly radio spots. Our program priorities were: 1) Direct outpatient treatment; 2) Consultation-Education.

Office efficiency and organization increased. Office work and responsibilities decentralized to each county office. The walk-in clinic concept made crisis intervention and treatment available to clients without an appointment and without delay. Desk Set trained three secretaries.

The medical community (physicians and hospitals) remained our most frequent referral source for clients. Medicaid clients doubled during the year.

A Records Project improved all record-keeping and closed 458 cases in eight months. A Staff Development Grant allowed all staff to receive training in crisis intervention. Active and regular Board and staff meetings were centered around planning, goal-setting, data-based decision making, and program evaluation. 1973-74 was the most productive year in overall service delivery and at the same time no new staff were employed and the budget was very restrictive. The Board made tireless efforts in every area of growth and change. The Board designated one administrator to be responsible for all personnel, budget, and program matters. His leadership remained a key factor in the total development of staff productivity and service beyond expectations. Promotions went to three professionals and one secretary. Alert and aware administration became central to all our organizational improvements. The year was satisfying.

The American Psychological Association, with an NIMH Grant, selected our facility for its 1973-74 Visiting Psychologist Program.

YORK-CHESTER-LANCASTER MENTAL HEALTH CENTER

Most services that were offered this fiscal year were continuations of what has been done in the past. Nevertheless, there were some new areas of service. The continuing areas will be noted first with other activities following.

Our day treatment program has continued to be used to a greater degree inasmuch as it yields highly therapeutic results and exemplifies economy of professional staff treatment time. Most people treated by our program are seen in group treatment of some sort but those who require individual treatment are treated in this manner.

To make our services more accessible to more people during this fiscal year our operation time spent in satellite clinic areas was increased. Our satellite clinics are not perceived nor operated as mini-centers in themselves but rather are a part of our total program which means that patients may come to the central office of our local area if services are offered at that location that cannot be offered in the satellite areas.

Our contract with a local hospital and nursing center to provide social service consultation has continued. Also, our school consultation program has continued to develop and reached a point during the school year that increased time needed to be devoted to that effort.

Our serving as a field placement agency for undergraduate social work students from Winthrop has proven to be a most beneficial program inasmuch as approximately fifty percent of the students who are placed with us finally go on to graduate schools. Not only do we feel that students are helping us in our program and we are helping them in their learning endeavor but we realize that our efforts are apparently resulting in more people being trained in the field of mental health, increasing the man power base.

Volunteers are an important and integral part of our program and therefore we have continued to encourage the growth and utilization of this part of our program.

Regarding the dimensions of our program base, we added an addiction specialist November 1, 1973. This has worked out well, especially in preparing to provide more beneficial services to drug users and abusers in the future.

Our aftercare program has continued to grow in terms of numbers served. Two dimensions have been added to that service; those are precare and screening. Beginning as soon as money became available from state funds to employ a person specifically for the coordination of precare, screening and aftercare we brought this person on board, having recruited him in anticipation of the availability of these funds. We feel that adding these dimensions are going to enhance the aftercare program also and especially so when our medical community has been sufficiently apprised of these new and additional services we can offer.

Realizing the need to provide comprehensive services we submitted a staffing grant proposal in October, 1973, to begin July 1, 1974. This proposal was accepted and approved for the beginning date of July 1, 1974.

In addition to the staff grant proposal, a construction grant proposal was submitted. Local funders, those responsible for managing county tax monies, agreed to provide local

shares of funding. This proposal was also accepted with part of federal funds to be allocated from '73-'74 funds and part from '74-'75.

Much effort went into planning for comprehensive services to begin July 1, 1974. The entire staff and Board has been very active in the planning process and therefore we feel that the emotional climate of our staff and community is highly conducive to a successful Comprehensive Mental Health program. Although planning required much effort we are aware that implementation is the "proof of the pudding" of planning.

C. M. TUCKER, JR., HUMAN RESOURCES CENTER

ADMINISTRATORS REPORT

In the Spring of 1974, Tucker Center embarked on a new program of expanded health care services when it formally entered the field of Intermediate Care. The Skilled Nursing Facility License for the 150 beds of the John M. Fewell Pavilion was revised to 100 beds and two new licenses were granted, designating 50 beds of the Fewell Pavilion and a 50 bed ward of the E. Roy Stone, Jr., War Veterans Home as Intermediate Care beds. This action was taken in response to recommendations made in July, 1973, when it was determined that the Stone Pavilion did not appropriately lie within the jurisdiction of the Accreditation Council for Psychiatric Facilities of the Joint Commission on Accreditation of Hospitals, but should be surveyed by the Accreditation Council for Long Term Care Facilities of the JCAH. The application for accreditation of the Stone Pavilion as a psychiatric facility was subsequently withdrawn, and plans are underway that will lead to accreditation of this unit in 1975 concurrently with the renewal of accreditation of the Fewell Pavilion.

Although the confusion surrounding the best approach toward accreditation of the Stone Pavilion required a period of evaluation and review of the direction Tucker Center should take in its future development, the result of this experience has placed Tucker Center in a unique position to provide even better health care services. With the designation of the 300 beds of the facility as "non psychiatric" and the addition of Intermediate Care Facility services, Tucker Center's resources can now be more clearly directed toward meeting the needs of those patients of the Department of Mental Health who have received appropriate psychiatric treatment but who require continued long term care for related problems.

Emphasis has been placed on the development of personnel and the improvement of physical facilities that will permit the orderly expansion of Tucker Center to meet the increasing demands for long term care services, particularly in the area of Intermediate Care beds, an area that is experiencing a statewide shortage of critical proportions at this time.

ENGINEERING AND MAINTENANCE

The Engineering and Maintenance Staff of the facility have done exceptionally well in maintaining both buildings and grounds of Tucker Center and completing several major projects, functioning almost the entire fiscal year below optimum staff levels. Although difficulties in recruiting personnel created problems for the maintenance program, improvements in the physical facilities continued.

A 24 by 36 ft. maintenance building was constructed to provide much needed space for equipment repair and storage of supplies. This facility, while very inadequate to meet the needs of the Center, does provide some temporary relief for engineering operations until a larger, more suitable structure can be built. An electric car was purchased for economical, efficient on-campus maintenance use. This vehicle enables engineering personnel to move from one job to another more efficiently and has proved invaluable in movement of personnel and small equipment, tools, etc., between buildings as well as providing an economical vehicle for quickly and efficiently completing weed and fire ant control operations.

New commercial washers and dryers were installed in the laundry building, garbage disposals were installed in each food service area and equipment was assembled and installed in the Physical Therapy area which opened in April, 1974. Some interior painting was done in selected areas of both pavilions, however, personnel were not adequate to undertake a general painting program this year.

FOOD SERVICE

Food Service operations of Tucker Center continue to function smoothly. Changes in scheduling have permitted the continuance of good service and provided better work hours for Saturday and Sunday operations. Garbage disposals were installed in the two food service areas during the year. This has eliminated the problem of properly disposing of food waste and other wet garbage that was created when the previous program for centralized collection of food waste was terminated,

A maintenance program for refurbishing ward service food carts has been initiated. All carts will be inspected and new parts installed as required before they are returned to service.

A survey has been made of dining room furniture to determine the degree of depreciation. It is anticipated that some tables may need to be replaced and chairs will need renovating within the next year. Plans are being developed to further improve the dining room atmosphere by securing pictures and wall panels for the area.

REGISTRAR

A total of 98,346 patient days were recorded during the fiscal year by the Registrar staff. Medical records were reviewed by a number of licensing and accreditation agencies with no major deficiencies noted. The processing of medical records and other patient care materials was further improved with the acquisition of a second copy machine which was placed in the Stone Pavilion.

In September, 1973, the Medical Records Supervisor passed the qualifying examination for an Accredited Records Technician and was promoted to Registrar. This met the requirements of Titles XVIII and XIX of the Social Security Act for medical records programs of long term care facilities and eliminated the need for a Medical Records Consultant at Tucker Center.

An interfacility agreement was made to reflect the movement of Tucker Center patients to and from Byrnes Clinical Center as ward transfers. Shortly thereafter, Tucker Center was designated as a single facility permitting the movement of patients between pavilions as ward transfers rather than as discharge-admissions. These two changes in procedure have provided for a more orderly recording of patient movement and permitted the maintenance of better patient care and treatment records.

SUPPLY AND SERVICES

The addition of a commercial washer and dryer, the addition of another laundry worker and expansion of the laundry program to sixteen hours per day in two shifts have greatly improved our internal laundry program. Indications are that the Center will realize both a financial savings and a continuous adequate supply of clean linen. Based on experience thus far, it is reasonable to expect that further efficiency can be

obtained if additional space can be developed to permit the expansion of this program in the near future.

The housekeeping program continues to show significant progress. The addition of supervisory personnel and promotions of selected existing staff has permitted the assignment of individual ward leaders and the expansion of housekeeping services through the evening hours.

Bi-weekly personnel discussion and inservice training sessions for all housekeeping staff were initiated this year. Two members of the staff are enrolled in a 320 hour program for Executive Housekeepers at Midlands Technical College. The beneficial results of these two methods for improving the housekeeping program are already apparent.

Both the supply and linen control program are functioning adequately under the limitations imposed by a severe shortage of suitable work and storage areas. It is hoped that the construction of a Center central supply, linen, laundry and engineering facility can be initiated to eliminate the problems that currently exist.

MEDICAL

In January, 1974, a second Physician was employed at Tucker Center. For the first time since the facility opened in 1970, the Center was able to meet the general medical needs of all patients with on-staff Physicians. The services of part-time Physicians on whom the facility had relied in the past were concluded after they had provided an orientation to the new medical staff.

The medical program currently consists of two full-time Staff Physicians and a Board Certified Consultant Psychiatrist who provides consultant services to the staff and conducts psychiatric evaluations of patients on a referral basis. Consultations in other areas of medical specialization are available through other facilities of the Department of Mental Health.

Planning is underway to further develop the medical staff through the recruitment of a Physician who will serve as Medical Director of the entire facility in preparation for the expansion of Tucker Center in the area of Intermediate Care.

NURSING

With changes in licensing and the establishment of Intermediate Care wards, Nursing Service personnel made changes in staff assignments and nursing care procedures to effectively meet patient needs in the new program. Revised requirements for participation in Titles XVIII and XIX of the Social Security Act were implemented in March and April of this year. To meet these new demands additional registered and licensed personnel were employed and assigned to specific wards.

A continually developing inservice training program, already functioning effectively, was redesigned to include materials on Intermediate Care. All nursing personnel have completed basic nursing training programs. As part of the emphasis continuing education, members of the nursing staff attended a variety of off-campus workshops, seminars and conferences.

An experimental Reality Orientation program was initiated on two wards in January. Plans are being developed to expand this program after a training conference in Reality Orientation Therapy is held within the next fiscal year.

ACTIVITIES THERAPY

During the fiscal year, the Recreational Therapy program was reorganized creating the Activities Therapy Service. Although the Activities Therapy program presently consists of recreation therapy personnel, the structure is now established to permit orderly expansion into other areas of specialization. In the interim, the functions of occupational therapy, music therapy, and library services as well as therapeutic recreational activities will be continued by current personnel.

The advent of a volunteer services program has increased the number of recreational and social activities in both pavilions. Steps are being taken to improve the individual programming concept for all patients through the treatment team and a physical fitness program will be initiated in the near future. As Tucker Center expands and the activities program diversifies, a system of periodic patient progress notes will be implemented.

SOCIAL WORK

Social Work Services to patients of Tucker Center have improved greatly during the fiscal year. All records were audited in January and February, and a program of updating all materials was completed in May, 1974. New emphasis has been placed in pre-discharge planning and establishing contacts with the appropriate Mental Health Centers and Clinics for patients prior to their return to the community.

A Social Work Consultant was employed in July, 1973, to assist the Chief of Social Work in development of programs and related procedures.

The Social Work Service Staff of Tucker Center conducted a one day orientation program of the Center for the Social Work Service Staff of other facilities of the Department of Mental Health. As a result of discussion at this conference, an agreement was reached with other facilities for the reciprocal exchange of social work data on patients transferring between facilities. At this time, the program is beginning to function effectively. It is hoped that the exchange of information will enable the staff of each facility to better understand and treat the patient during the course of his hospitalization.

PASTORAL CARE

Every effort is made to provide meaningful religious opportunities for patients of the Center. In addition to Sunday worship services held in each pavilion, the Center Chaplain makes weekly calls in each patient area. With the assistance of a part-time Catholic Chaplain and Chaplain Resident Interns, the Clinical Chaplain attempts to meet individual spiritual needs of every patient and their families. A Bible discussion group was organized for interested patients and special services were scheduled for major events during the Church year.

In November, 1973, the Chaplain organized and conducted a Retreat for a group of patients to a nearby camping area. The success of this activity indicates that this is a very effective activity in working with institutionalized patients. It is anticipated that this program will be developed to include other groups of patients and will become a part of the Center's schedule of activities.

VOLUNTEERS

In October, 1973, a Coordinator of Volunteer Services was employed to develop an already growing Volunteer Services program. Christmas season activities at Tucker Center were the best ever in 1973.

Since October, the Volunteer program has established a monthly birthday party for each patient and has arranged for a local organization to "adopt" a group of eight patients in the Fewell Pavilion. Within the next year, the "adoption" program will be expanded to eventually include all appropriate patients in this pavilion.

Veterans organizations and Veteran Auxiliaries are giving increasing support to the Stone Pavilion programs.

PHYSICAL THERAPY

In March, 1974, the Physical Therapy Department of Tucker Center was reopened with the employment of a Registered Physical Therapist. The first thirty days were devoted to the development of appropriate recording forms, writing a procedures manual and ordering major equipment. Two members of the nursing staff were transferred to the Physical Therapy Service and underwent an extensive training program.

Beginning on April 22, 1974, patients referred for physical therapy were evaluated and treatments scheduled. As of June 30, a full treatment program was underway, with significant improvement of many patients already noticeable. Due to the absence of physical therapy services at the Center for almost three years, the progress of many patients is expected to be slow in the initial phases of rehabilitation. In the future, it is hoped that patients will have more immediate access to physical therapy as the need is apparent and will therefore respond more substantially to treatment procedures.

THE TREATMENT TEAM

In response to new standards governing the treatment and care of long-term patients, the Tucker Center Treatment Team program is being expanded. A comprehensive review of the problems and progress of each patient by representatives of all services is now required on at least a quarterly basis. The improvement of a significant number of patients

within the last year as a result of this coordinated approach to care and treatment indicates that the innovations being placed into effect will result in greater progress of patients who will now be reviewed more frequently.

GROUP THERAPY

The group Therapy Program, initiated on a large scale in the Stone Pavilion last year has demonstrated its value as a treatment tool for long term patients. The interdisciplinary effort has now been formalized and is being reorganized with the Clinical Social Worker coordinating, scheduling and providing guidance and training for the group leaders. The program, utilizing personnel from all disciplines at the Center, is being scheduled for expansion to include the Fewell Pavilion within the near future.

SERVICES TO THE COMMUNITY

While the primary focus of Tucker Center is toward increasing the quality of health care services for the 300 residents of the facility, the administration and staff recognize that the services and programs here can be resources for the education and training of health care personnel throughout the community. In this fiscal year, a number of cooperative programs have been held or began utilizing the resources available at the Center.

A two year agreement between Tucker Center and the College of Nursing of the University of South Carolina was completed for the utilization of the Center's facilities as a clinical learning-experience area for undergraduate, graduate and continuing education nursing programs. The first group of forty student nurses finished their clinical experience here in May, 1974.

In November, December, January, and February, a four day workshop on the Rehabilitative Aspects of Nursing Care sponsored jointly with the continuing education program of the USC College of Nursing was held at Tucker Center. The workshop was attended by over fifty nurses from throughout South Carolina.

For the first time, Tucker Center provided a nine months field placement experience for two students of the Under-

graduate School of Social Work of Benedict College. These students received field experience under the supervision of the Clinical Social Work for two days per week throughout the academic year.

The Human Services program of Midlands Technical College utilizes the facilities of Tucker Center for internships of students in recreation and activities therapy. A total of four students from this program served internships of 120 to 180 hours at the Center this year.

ALCOHOL AND DRUG ADDICTION CENTER

DIRECTOR

This year has been filled with anticipation, planning, and accomplishments. The preparation for the move to the new, larger facility has required on-going recruitment and selection of new staff members. It has required the selection and purchase of supplies and equipment. Much emphasis has been placed upon the development of standard operating procedures which will be used as a basis of function in the new facility. The staff has been divided into four operational units that includes in each both treatment and review teams. These four units will be serving patients from four designated catchment areas representing the entire state. Each area will have available beds proportionate to their percentage of the state's population.

The philosophy of operation has been developed and accepted by the staff. New treatment modalities are being developed and tried and adjusted to give maximum patient benefits within the overall treatment philosophy and goals.

The Research Department is continuing to provide on-going evaluations of our existing and new programs and this information is being distributed to the staff to assist in further program planning.

The development of on-going training programs for our staff and community workers is continuing to increase in scope and content.

Of considerable importance is our increasing capacity to assure adequate aftercare for our patients returning to the community. We have been able to fund addiction specialist positions in each of the fourteen mental health centers. These community based persons are working very closely with our Aftercare Department and new methods of transition into aftercare are being tried and evaluated. In conjunction with this is the development of our follow-up and outreach programs that will be very important to the future operation of the Center.

Our efforts to develop a strong family therapy component are continuing and hopefully this will contribute significantly to the improved function of our patients following discharge.

The staff has worked together with preparation of multiple grant applications. A significant number of these have been approved and these will contribute to our treatment, training and research programs. Plans are to continue to seek additional sources of funds in this manner.

The delay in the completion date of the new Center has been an area of concern. However, the entire staff enthusiastically anticipates occupying the new facility and looks forward to the further expansion of our treatment programs.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

A. PROGRAM DEVELOPMENT

The S. C. Alcohol and Drug Addiction Center remains a very active pilot project in terms of trying to ascertain and setup service delivery systems for better quality care for persons who significantly use or abuse chemicals. Since the program is only a little over two and a half years old and is still quite readily a pilot project, the entire program is still quite flexible in nature and is always seeking to ascertain and implement new program areas of focus which would both broaden and deepen the service delivery system. Program Development at the Addiction Center, therefore, covers a wide range of topics and activities, some of the more successful of which will be shared through the following information. A new viable program component is that of the group Leaders Training Project which is a two-year program in length and is designed to meet the needs of those persons who wish to move into and complete a group leader training program. This training program consists of some five steps which begins with an observer/trainee position and continues over a period of two years to the level of supervisor therapist where the supervising therapist would actually be functioning as a supervisor to group leaders in other groups. A large number of our own staff members are involved in this training program and concrete plans are being made for personnel from other agencies/institutions to also participate in this project. The Office of Program Development and Training Management was also responsible for writing and securing nearly \$75,000 worth of funding for an Addictions Media Center. The Addictions Media Center will be a full color television studio recording system which will be used to make addictions training materi-

als for use by persons in the field of alcohol and drug addiction rehabilitation programs. The Media Center will be an interagency endeavor and therefore will provide an opportunity for a great degree of crosspollination if ideas and informational sharing. The Educational Component became operational in January of 1973 and a large number of our patients have participated in this program. The educational system consists of a teacher whose program falls into three basic areas: remedial, education, life skills education, and preparation for the GED. This program is available to both adolescents and adults. The Clinical Conference Program was a series of meetings where case presentations were made and the staff participated in a discussion of recovery techniques following the actual presentation of the case being considered. The primary focus of the Clinical Conference Program was to help staff members acquire and apply diagnostic skills in terms of understanding recovering individuals and helping these individuals move toward a greater sense of recovery and personal satisfaction. During the past year a Criminal Justice Unit became fully operational and began to become quite involved in the legal needs of patients at the Addiction Center. A large proportion of our patients come with some form of legal problem and/or situation and it is a function of the Criminal Justice Unit to become involved as quickly as possible and help to resolve these matters so that residents may then move on to a more full recovery process. The Central Testing Procedure was a long coming mechanism where in previous testing being done by five different areas of the program here are now brought together under one testing procedure. This has produced not only more consistent testing of individuals but also testing of a higher quality and at greater efficiency in terms of manpower time and energy.

The Addiction Center has recently instituted what it calls a "Unit System" wherein the entire staff has been divided into one of four units. These units will comprise the basic working teams for the new center and will be based upon the treatment team concept. The patients who will be housed and be responsible to the individual units will come also from four catchment areas which have been devised so as to make the population evenly divided in terms of patient responsibility and beds. The Resident Advancement Program/Quarter-Way

House has received significant importance during the past year in terms of additional staff manpower and Quarter-way house bed spaces. A director for the RAP/Quarter-Way House program has now been hired and is presently deeply involved in improving this program which is a transitional one which lies between full inpatient care and full community responsibility. Finally, this office continues to be significantly involved with all departments in the present Addiction Center program in terms of formulating and finalizing plans with which to move into the new center.

In addition to the aforementioned program areas, this office is also involved in continuing to assess and acquire the capability of introducing new program modalities and directions. Biofeedback Equipment has been evaluated and acquired by this office and plans for implementing it into the larger program are presently being concluded. The number and quality of Resident pamphlets which are designed for information and distribution to residents are continuing to be increased. The Resident Addictions Education Program is a daily general life skills series of meetings and the staff feels that this part of the program contributes a significant amount of relevant information to residents. Transcendental Meditation is presently being evaluated in an attempt to ascertain the application of this medium to relaxation for addicted chemical patients. This office has also been instrumental in helping to redesign the Aftercare/Outreach program and significant changes have occurred within that department which will result in better patient community resource use.

B. TRAINING MANAGEMENT

The South Carolina Alcohol and Drug Addiction Center has provided and participated in a number of training experiences since the last report. In addition, concrete plans have been developed and are being implemented to expand the scope, quality and content of training programs both for the addiction center staff and residents need for community-based professionals, paraprofessionals and other appropriate persons. Recently acquired grant monies will provide a multi-media center which will be utilized to expand even further those training opportunities non projected.

Training opportunities provided and/or participated in during the past report period include the following:

I. *Group Leader's Training:* In addition to the on-going training program for group therapy leaders, mechanisms have been established to provide systematic and regular evaluation and supervision for persons at all stages of professional development ranging from training observers to primary leaders. Such evaluation and supervision is designed to identify the individuals strengths and weaknesses, sharpen therapy skills, and identify specific training needs for future professional growth.

II. *Case Presentations:* Case presentations to professional staff have been utilized to provide opportunities for staff to critically evaluate the effectiveness of various aspects of the program as they relate to specific types of residents.

III. *Supervisor's Training:* Regular training sessions for present or potential supervisory personnel have been provided periodically. These sessions focused on basic supervisory issues and problems were designed to expand and sharpen supervisory skills.

IV. *Nursing In-service Training:* Ongoing in-service training programs for nursing personnel have been provided covering a wide range of topics including emergency procedures, medications and improving interpersonal relationships.

V. *Center and Treatment Philosophies:* Opportunities have been provided for all staff to participate in the identification and formulation of basic approaches to treatment and program development for the center. These sessions were designed to identify and expand basic philosophies underlying various treatment approaches.

VI. *Accreditation Standards:* Sessions have been provided for all staff to become well grounded in newly-developing accreditation standards for in-patient treatment facilities and have been given opportunity to participate in program development consistent with those standards.

VII. *Community Professionals Seminar:* An intensive week-long seminar was offered for community-based profes-

sionals working in the field of addiction. The topics included were broad in scope and comprehensive in content.

VIII. *Addiction Specialists Trainings* An on-going program of training and development provides for monthly visits to the center by addiction specialists based in community mental health centers, and is designed to provide opportunities for personal and professional growth and development.

IX. *Internships and Field Placement:* The addiction center has provided opportunities for internships for graduate students in Social Work, as well as field placements for several undergraduate students. Plans are currently being developed for additional on-site placements for additional disciplines.

X. *Resident Advancement Program:* One important aspect of the Resident Advancement Program (RAP) is the opportunity to identify, train and develop recovering substance abusers for potential staff positions. This program is designed to provide qualified, skilled and trained staff personnel for this and other treatment facilities.

XI. *Schools, Conferences and Workshops:* The staff of the addiction center has participated in a wide range of schools, conferences and workshops. Several center personnel have been included on the faculties and led workshops, while others have attended as participants. Among those participated in by the ADAC staff include the following:

1. S. C. School of Alcohol Studies.
2. Southeastern School of Alcohol Studies.
3. Southeastern School of Drug Studies.
4. West Virginia School of Alcohol Studies.
5. Community Services Seminars.
6. NIDA National Training Conference.
7. NIAAA National Training Conference.
8. Workshop on the Black Alcoholic.
9. Family Therapy.
10. Statewide Vocational Rehabilitation Conferences.

REGISTRAR

During this year many changes, improvements, and purchasing of new equipment has been made in this division.

Increased documentation of medical records is required for (1) accreditation, (2) Department of Social Services reimbursement, and for (3) effective program evaluation. The staff has been trained in the proper and timely preparation of medical records and by the end of the fiscal year, the Center's medical records were in excellent to outstanding condition.

The Admission Office admitted a total of 493 patients for the fiscal year. To aid in the processing of these admissions, new addressograph equipment was purchased. The use of these machines has proved to increase the accuracy and speed of processing admissions. A new Personnel and Patient Location System was developed by Technical Support Systems at the Department of Mental Health during this fiscal year. The system is tied directly to the computer at the Department and required the purchasing of a Cathode Ray Tube (CRT) Terminal and a Printer for each facility. The Admission Office is responsible for the entering of patient data into this system.

The Center has hired personnel for a typing pool which will be maintained in the new facility. New typewriters and cassette dictating/transcribing equipment have been purchased for use in this area.

The Medical Record Department has been concerned with the improvement in quality and quantity of material contained in patients records and we feel that much improvement has been made in patients records during this year. New equipment has been purchased to allow the transfer from alphabetical filing to terminal digit filing, however, due to limited space available this equipment cannot be used until the move into the new facility.

NURSING SERVICE

Staffing for 1973-74 has proven to be very successful. The nursing staff has no vacancies and has added two male nurses as well as a total of eight R.N.S. and two L.P.N.S. A Director of Nursing was added in May of this year.

New in-service programs dealing with legalities, team nursing and communication skills have been implemented. Coverage by licensed personnel around the clock provides better resident care.

Plans are being formulated for implementation of new treatment models to be employed in the New Center.

SECURITY DIVISION

The Security Division staff has been increased by the addition of two Security Officers during the current operating year.

Initial assignment for all new officers is for attendance of the Criminal Justice Academy. Some highlights of the training program offered at the Criminal Justice Academy include training in narcotics and control substance, finger printing and breathalyzer results certification.

In addition to performing normal security duties, officers assigned to ADAC employ specific efforts contemplating the development of a positive staff and resident relationship. This effort anticipates favorable resident response to directives considered necessary in maintaining discipline and decorum.

PSYCHOLOGY SERVICE

The primary focus of Psychological Services at the Division of Alcohol and Drug Addiction has been on the evaluation and psychological assessment of individuals admitted to the treatment facility during the year. This information has been utilized in formulating individualized treatment plans as well as providing information for total program development.

Psychology Service personnel have participated in group and individual therapy, as well as milieu therapy. An avid attempt has been made to secure additional personnel to provide adequate coverage on the treatment teams and units sited for the new 186-bed facility. An evaluation was made regarding the testing procedure at the Division of Alcohol and Drug Addiction and a resulting centralized testing unit was devised to facilitate the efficiency of psychology personnel as well as other disciplines.

During the year seven students from Midland Technical College who were in the Human-Service Mental Health Program were supervised by psychology staff in field placement for one to four month periods.

SOCIAL WORK SERVICE

The Social Work Service Department, organized in 1972, now includes three Master's Degree Social Workers, two Social Workers I, and one Addictions Counselor. Most of these staff members are new as of this year and recruiting additional staff for occupancy of the projected 186 bed facility continues. Since we will operate according to four geographical catchment units, a team of a Master's Degree Social Worker and a Social Worker I will be assigned to each unit as part of the multi-disciplinary treatment team modality. (As is now) primary responsibilities will be to residents, families and involvement in individual, family and group therapy.

The Family Therapy Program continues to be an integral part of this department. Provision of services to families have, and will continue to expand, with additional personnel. Since, more families will be involved in this group program than previously, it is imperative that the assigned social work team plan for this type of involvement.

Our relationship with the College of Social Work, University of South Carolina continued throughout this academic year and we are planning to initiate training program for students on the undergraduate level.

CHAPLAINCY

Chaplaincy services are rendered by one full-time Clinical Chaplain under the direction of the Director of Professional Services.

Chaplaincy is involved in a broad span of clinical services. Each resident is seen initially by the Chaplain and follow-up work is done on referral from the treatment teams. A Thursday informal worship service is carried out by Chaplaincy which is designed to help the resident evaluate the assets and liabilities of his faith specifically as it relates to his addiction problem. Sunday services are available to residents through the chapel at Crafts-Farrow State Hospital.

In addition to the above, Chaplaincy extends itself into the group therapy program where the chaplain serves as a primary therapist and assists in the supervision of new staff who are training in group work.

Chaplaincy offers consultation to community clergy and has worked with a number of community churches in provid-

ing an orientation to the Alcohol and Drug Addiction Center's treatment program. Currently, a formal workshop for clergy is planned for the Fall.

Chaplaincy at the Alcohol and Drug Addiction Center also takes initiative in offering consultation and pastoral care to staff.

ACTIVITY THERAPY

During the past year, the Addiction Center has undergone many changes and additions in the Activity Therapy program. In the therapeutic recreation area we hired a recreation therapist and a recreation therapy aide. In the creative activities (O.T.) area, we hired a C.O.T.A., an art therapist, and an additional therapist to work in the areas of macrame and gardening. We also expanded the program to cover all evenings and weekends. We now have mandatory weekday programs in creative activities and therapeutic recreation. All other activities are conducted on a volunteer or sign-up basis. As a total program, Activity Therapy offers approximately 180 hours of services per week.

Therapeutic Recreation: The mandatory recreation program, which is conducted Monday-Friday between 8:30 and 5:00, is designed to be a teaching mechanism as well as a physical experience. One of the main objectives of Activity Therapy at ADAC is to expose a person to as many pastime activities as possible, so that when a person returns back to their home community, they will have this resource to turn to during their non-working, non-sleeping hours. We believe that idle time and how it is used is a very important factor to the alcoholic or drug addict. Therapeutic recreation is teaching people to play again, whether it be alone or in groups. Part of this exposure is done out in the Columbia area. We have frequent trips to go bowling, fishing, to see movies, to museums, to the zoo, to state parks, and many other facilities available in the Columbia area. The recreation program at ADAC is geared, in as much as possible, to expose people to pastime activities which can be found back in their own home communities.

Creative Activity Therapy: This section in most other hospital setting is known as Occupational Therapy. However, we do not use true O.T. as it is defined by medical authorities

and other published authorities, so we will not attempt to call it something that it is not. For this area of Activity Therapy, we use the arts and crafts mediums. We have a mandatory program of creative arts which occurs Monday-Friday between 8:30-5:00. Every resident attends this part of the program, just as he attends group therapy, recreation, educational therapy, Voc. Rehab., etc. A large part of this program is offered on a voluntary basis in the evenings and on weekends. This year we extend this program from leathercraft, candle making, and ceramics, to offer such things as needlepoint, mosaics, pottery, embroidery, sewing, and weaving. In addition to this, we added a half-time art therapist who teaches such things as sculpture, sketching, painting, block printing, drawing, and charcoal sketching. We also hired a therapist who started a department in macrame and is beginning a class in gardening.

Music Therapy: The music therapy section at ADAC is still on the ground floor. We are presently using a technique called Guided Affective Imagery. It is basically an exercise using Yoga relaxation combined with a tape of classical music specially designed for a certain effect—Beginners Experience in Imagery, Affect Release, Cosmic—Astral Experience, etc. This technique has been used only with the group setting to this date. Plans are in the making for an expanded music therapy section which cover such things as choirs, bands, handbells, instruments, and will work very closely with the Chaplaincy section.

In February, 1974, the Activity section began a record keeping system which incorporate an Activity Therapy Service Referral, prescribed from Treatment Team staffing of residents, and on-going progress notes resulting in a final summary in the medical records documenting participation in activity therapy services. This also helps us to be consistent and supportive of the other treatment modalities employed at ADAC.

ACCREDITATION

Advance copies of the manual for Accreditation of Alcohol Treatment Programs was received from the Joint Commission on Accreditation of Hospitals. This has served as the

basis for development of the organization and operating procedures for the Center.

FAMILY SERVICES PROGRAM

In June, 1973, the Family Service Program consisted of two Family Groups, held immediately following visiting hours, for the purpose of trying to explore ways of beginning to re-establish lines of communication between residents and families. The Program now consists of four Groups, two in which Families may meet without residents, (in which Families may share common concerns, and possibly motivate the residents to become more involved in his treatment process) and two groups which include Families and residents.

In addition, there is the program of Narcotics Anonymous and the Program of Alcoholic Anonymous, as well as an After-Care Group of Couples.

The success of the Family Program is documented by the attendance of 342 Families to the AA Program here, and also the attendance of 175 Couples in an After-Care Group here at the Center, plus continued involvement on a community level upon release.

VOCATIONAL REHABILITATION

The Vocational Rehabilitation program was established as an adjunct to the Alcohol and Drug Addiction Center in July of 1972. It compliments the existing treatment program for people who have difficulty in controlling their chemical use and helps return them to gainful employment. During this past year 317 residents were referred for Vocational Rehabilitation services with 253 being accepted. The services of Counseling and guidance, vocational evaluation, personal adjustment training, training for various vocations, placement in employment, and financial assistance to aid in job stability, were given these residents accepted for Vocational Rehabilitation service.

NEW CENTER PROGRESS

During the fiscal year, the principal effort of Center staff was directed towards preparation for the move into the new 186 bed facility currently under construction. New staff mem-

bers were recruited, selected, employed and trained. New equipment was selected, purchased and received. New operating procedures were examined, tested and developed.

The scheduled completion date of the Center was February, 1974. Anticipating some slippage, a target date of July 1, 1974, was set as the time to have an operational staff on board for the opening of the Center. There have been additional delays in the completion of the new facility. This has resulted in a temporary overage of staff members for treatment of patients but does provide time for preparation of standard operating procedures for care of patients in the new Center.

DEPARTMENT OF RESEARCH AND EVALUATION

For the year 1973-74, the department has completed twelve research reports which include: (1) evaluation of specific treatment modalities, such as suggestive therapy and the orientation program, (2) demographic description of the resident population, (3) determination of resident recovery process, such as rehospitalization and post-hospital employment, and (4) exploration of variables related to irregular discharges, attendance at aftercare facilities, readmissions, and evaluation of the current psychological testing battery.

CRIMINAL JUSTICE UNIT

During the first two years operation of the Addiction Center an increasing number of individuals were referred or committed by Courts or Correctional Agencies. Approximately twenty-five individuals per month are currently being admitted from the Criminal Justice System. Because many special problems arise in the treatment of court referred individuals, it became apparent to the Administration that a Criminal Justice Unit would be needed at the Addiction Center.

During this fiscal year an Office of Criminal Justice Program grant of \$68,000.00 for three years was awarded and has partially funded the Criminal Justice Unit. The personnel are trained in Criminal Justice Administration and treatment techniques who provide statewide liaison with Law Enforcement, Courts, Correctional Agencies, and the South Carolina Probation and Parole Pardon Board.

Our purpose is to provide treatment alternatives for offenders who have chemical abuse problems. Representatives from the Unit are on call to attend trials, hearings, probation revocations, and other judicial proceedings upon request.

If an individual has made significant progress toward overcoming his chemical abuse problem, a Treatment Team progress report is presented to the proper Court. In addition, any treatment team recommendations such as Halfway-House referrals, probation, or other treatment alternative are made.

It has become apparent that Criminal sanctions are frequently ineffective in the rehabilitation of Alcoholic and Drug Addicts. The Criminal Justice Unit, through Outreach, counseling, and court support services, is providing treatment as an alternative to incarceration of offenders who have chemical abuse problems.

RESIDENT COUNSELOR

(1) The cornerstone to the new Resident Advancement Program (R.A.P.) is a four phase training and evaluation process developed for the purpose of training "Para Professionals" in the area of drug abuse rehabilitation. The RAP impetus is not that every ex-addict should be a "Para Professional"; but that well trained and sensitive ex-addicts have a major contribution to make in successful drug abuse programming.

(2) The four phases of the Resident Advancement Program involve a period of from six to fourteen months. During this time a Phase I RAP member is required to reside at the ADAC Center and is involved in at least 20 hours at therapy and 20 supervised hours of work per week. With Phase two the resident moves to the Quarterway facility and participate in ten hours of therapy with 30 hours of work assigned. Phase three requires the resident to work a regular work week either at the Center, another state agency or an outside private enterprise. The primary emphasis of the final phase, lasting from two-four months, is vocational placement and community based aftercare.

(3) The Quarterway House is defined as a living facility chiefly for Resident Advancement Program members (R.A.P.) and is designed to bridge the gap existing between the institution and the community. The houses are to provide a serv-

ice—structured setting for persons not quite ready to assume a completely independent role in society.

(4) The Resident Advancement Program (R.A.P.) is presently involved with the renovating of a second facility for the purpose of housing male residents. During this period the male RAP members are residing in a Quarterway house eventually to be used by female RAP members upon completion of the male house.

AFTERCARE

All patients who leave the Center have an appointment with an Aftercare Therapist. This may be a Mental Health Clinic, a local council on Alcohol and Drug Abuse, or other government-supported agency. A number of methods for following the progress of released patients are used. These methods include mail, telephone calls, and feedback from Addiction Specialists. In addition, a grant for expanding follow-up has been approved for the coming year. This grant will allow for the employment of personnel specifically to initiate a program aimed at promoting continuation of therapy through aftercare at the community level and when indicated, early reinter-vention into treatment if chemical abuse again develops. The grant will also allow for the gathering of data for determining program effectiveness and documentation relating to the necessity for changes and additions in treatment programming. There are plans, in addition to the grant, for expanding the services offered by Aftercare in the coming fiscal year.

CLINICAL PASTORAL EDUCATION

During the Summer of 1973, three clergymen were involved in our Clinical Pastoral Education Program. Due to preparation for movement to the new Addiction Center, a C.P.E. Program was not held in 1974.

GROUP THERAPY

The Addiction Center continued to provide every patient with nine hours of group therapy per week. The Center's group leadership training program includes not only bi-weekly educational sessions but also close individual supervision, including weekly videotape critiques of every group leader, co-leader or trainee. This year has seen the establishment

of the Group Therapy Review Committee, a peer review committee charged with maintaining high standards of treatment and training. In the past year more than thirty staff members have been active in training and/or leadership activities; more are being added as staff expands. This group therapy training program represents the most intensive and comprehensive program of its kind in South Carolina and possibly the Southeast.

FOOD SERVICE

Under the pilot program the Food Service Department has maintained a staff of one Supervisor and four Services Aides. We are quite proud that all of the original staff still remain.

During the current year ADAC food service served approximately 48,600 meals using a combination of traditional, convenience and ready foods. We are still exploring alternate approaches to food preparation and distribution.

SUPPLY AND SERVICE

Supply and Service became an operating unit in June, 1974. Prior to this time supply and services functions were an integral part of the Crafts-Farrow Supply and Service division.

Departmental functions consist of the requisition and issue of expendable and non-expendable operating supplies and equipment, the maintenance of an inventory system, the care of and dispatch of transportation and the maintenance of performance and status records on vehicles and equipment.

HOSPITAL SERVICES

GENERAL STATISTICS

FY 1973 - 1974

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	2879	2605	5484
On Conditional Discharge or otherwise absent	1018	1246	2264
Total	3897	3851	7748
Admissions during twelve months:			
First admissions	1902	1123	3025
Re-admissions	1177	752	1929
Transferred in	146	89	235
Total received	3225	1964	5189
Total on books during twelve months	7122	5815	12937
Discharged from books during twelve months	3185	2180	5365
Died during twelve months	244	223	467
Transferred out	146	89	235
Total separated	3575	2492	6067
Patients remaining on books at end of hospital year:			
In hospital(s)	2569	2275	4844
On Conditional Discharge or otherwise absent	978	1048	2026
Total	3547	3323	6870
Daily average in hospital(s)	2716	2453	5169
Conditional Discharges Granted	1088	1172	2260
Left without permission	495	173	668
Returned	825	522	1347
Regular discharges	2387	1159	3546
Statistical discharges	798	1021	1819
Types of admissions:			
Voluntary	813	573	1386
Medical Certificate, Non-Judicial	975	705	1680
Medical Certificate, Emergency	612	478	1090
Judicial	3	1	4
Court Order	597	51	648
Order of Governor			0
Order of Mental Health Commission	2	4	6
Other	77	63	140
Total	3079	1875	4954

SOUTH CAROLINA STATE HOSPITAL

GENERAL STATISTICS

FY 1973 - 1974

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1416	1180	2596
On Conditional Discharge or otherwise absent	731	895	1626
Total	2147	2075	4222
Admissions during twelve months:			
First admissions	1244	576	1820
Re-admissions	775	462	1237
Transferred in	18	8	26
Total received	2037	1046	3083
Total on books during twelve months	4184	3121	7305
Discharged from books during twelve months	2199	1391	3590
Died during twelve months	44	40	84
Transferred out	81	42	123
Total separated	2324	1473	3797
Patients remaining on books at end of hospital year:			
In hospital(s)	1218	976	2194
On Conditional Discharge or otherwise absent	642	672	1314
Total	1860	1648	3508
Daily average in hospital(s)	1310	1096	2406
Conditional Discharges Granted	681	741	1422
Left without permission	399	142	541
Returned	607	370	977
Regular discharges	1637	655	2292
Statistical discharges	562	736	1298
Types of admissions:			
Voluntary	287	215	502
Medical Certificate, Non-Judicial	644	402	1046
Medical Certificate, Emergency	482	343	825
Judicial	2		2
Court Order	549	45	594
Order of Governor			0
Order of Mental Health Commission	2	4	6
Other	53	29	82
Total	2019	1038	3057

CRAFTS-FARROW STATE HOSPITAL

GENERAL STATISTICS

FY 1973 - 1974

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1213	1283	2496
On Conditional Discharge or otherwise absent	263	310	573
Total	1476	1593	3069
Admissions during twelve months:			
First admissions	304	277	581
Re-admissions	160	135	295
Transferred in	27	22	49
Total received	491	434	925
Total on books during twelve months	1967	2027	3994
Discharged from books during twelve months	401	349	750
Died during twelve months	181	167	348
Transferred out	32	31	63
Total separated	614	547	1161
Patients remaining on books at end of hospital year:			
In hospital(s)	1090	1143	2233
On Conditional Discharge or otherwise absent	263	337	600
Total	1353	1480	2833
Daily average in hospital(s)	1152	1207	2359
Conditional Discharges Granted	328	402	730
Left without permission	40	11	51
Returned	145	122	267
Regular discharges	178	85	263
Statistical discharges	223	264	487
Types of admissions:			
Voluntary	67	55	122
Medical Certificate, Non-Judicial	246	237	483
Medical Certificate, Emergency	109	114	223
Judicial		1	1
Court Order	41	3	44
Order of Governor			0
Order of Mental Health Commission			0
Other	1	2	3
Total	464	412	876

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

GENERAL STATISTICS

FY 1973 - 1974

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	25	47	72
On Conditional Discharge or otherwise absent	23	41	64
Total	48	88	136
Admissions during twelve months:			
First admissions	118	198	316
Re-admissions	65	107	172
Transferred in	27	34	61
Total received	210	339	549
Total on books during twelve months	258	427	685
Discharged from books during twelve months	177	319	496
Died during twelve months	2	2	4
Transferred out	12	15	27
Total separated	191	336	527
Patients remaining on books at end of hospital year:			
In hospital(s)	39	52	91
On Conditional Discharge or otherwise absent	28	39	67
Total	67	91	158
Daily average in hospital(s)	33	51	84
Conditional Discharges Granted	23	29	52
Left without permission	28	20	48
Returned	35	30	65
Regular discharges	166	298	464
Statistical discharges	11	21	32
Types of admissions:			
Voluntary	124	210	334
Medical Certificate, Non-Judicial	21	44	65
Medical Certificate, Emergency	21	21	42
Judicial			0
Court Order			0
Order of Governor			0
Order of Mental Health Commission			0
Other	17	30	47
Total	183	305	488

TUCKER HUMAN RESOURCES CENTER

GENERAL STATISTICS

FY 1973 - 1974

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	188	87	275
On Conditional Discharge or otherwise absent	1		1
Total	189	87	276
Admissions during twelve months:			
First admissions	6	3	9
Re-admissions	26	11	37
Transferred in	71	22	93
Total received	103	36	139
Total on books during twelve months	292	123	415
Discharged from books during twelve months	21	10	31
Died during twelve months	17	14	31
Transferred out	21	1	22
Total separated	59	25	84
Patients remaining on books at end of hospital year:			
In hospital(s)	188	98	286
On Conditional Discharge or otherwise absent	45		45
Total	233	98	331
Daily average in hospital(s)	188	89	277
Conditional Discharges Granted	56		56
Left without permission	28		28
Returned	38		38
Regular discharges	19	10	29
Statistical discharges	2		2
Types of admissions:			
Voluntary			0
Medical Certificate, Non-Judicial	32	14	46
Medical Certificate, Emergency			0
Judicial			0
Court Order			0
Order of Governor			0
Order of Mental Health Commission			0
Other			0
Total	32	14	46

ALCOHOL & DRUG ADDICTION CENTER

GENERAL STATISTICS

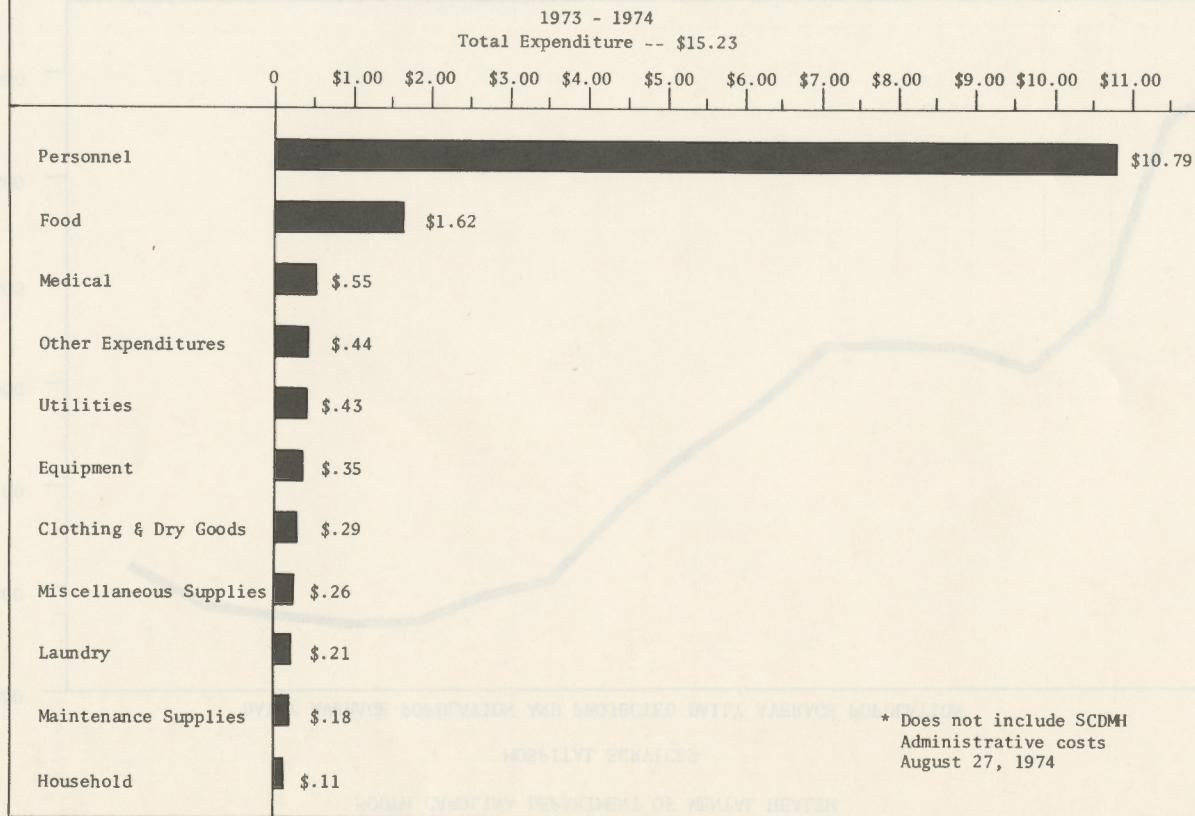
FY 1973 - 1974

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	37	8	45
On Conditional Discharge or otherwise absent			0
Total	37	8	45
Admissions during twelve months:			
First admissions	230	69	299
Re-admissions	151	37	188
Transferred in	3	3	6
Total received	384	109	493
Total on books during twelve months	421	117	538
Discharged from books during twelve months	387	111	498
Died during twelve months			0
Transferred out			0
Total separated	387	111	498
Patients remaining on books at end of hospital year:			
In hospital(s)	34	6	40
On Conditional Discharge or otherwise absent			0
Total	34	6	40
Daily average in hospital(s)	33	10	43
Conditional Discharges Granted			0
Left without permission			0
Returned			0
Regular discharges	387	111	498
Statistical discharges			0
Types of admissions:			
Voluntary	335	92	427
Medical Certificate, Non-Judicial	32	9	41
Medical Certificate, Emergency			0
Judicial	1		1
Court Order	7	3	10
Order of Governor			0
Order of Mental Health Commission			0
Other	6	2	8
Total	381	106	487

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

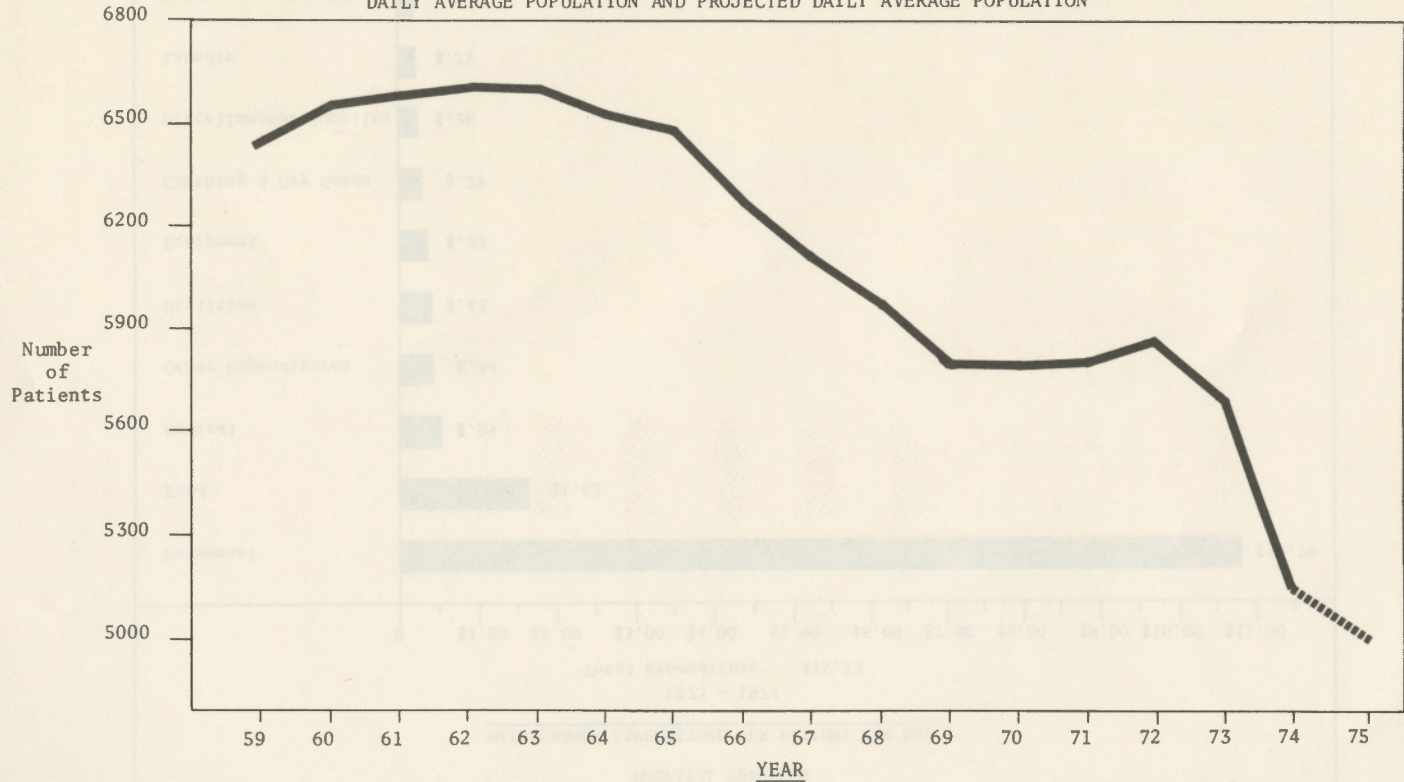
MAINTENANCE EXPENDITURE PER PATIENT PER DAY *



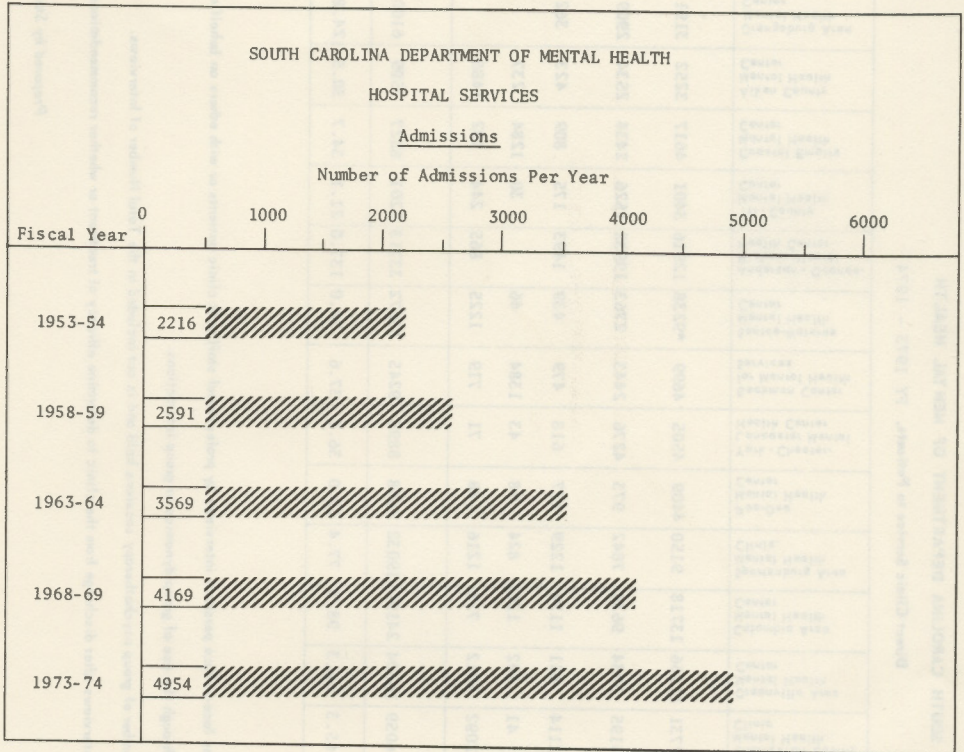
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



Prepared by Research & Statistics
July, 1974



Prepared by Research & Statistics
July, 1974

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Direct Clinic Service to Patients, FY 1973 - 1974

TYPE INTERVIEWS	TOTAL	Charleston County Mental Health Clinic	Greenville Area Mental Health Center	Columbia Area Mental Health Center	Spartanburg Area Mental Health Clinic	Pea-Dee Mental Health Center	York-Charleston Mental Health Center	Beckman Center for Mental Health Services	Santee-Wateree Mental Health Center	Anderson-Oconee Mental Health Center	Tri-County Mental Health Center	Coastal Empire Mental Health Center	Allen County Mental Health Center	Orangeburg Area Mental Health Center	Georgetown-Horry Mental Health Center	
1. Interviews with or about patients	93653	7731	11166	13718	9150	4409	4505	4699	*9238	12916	3401	4617	3252	3191	1660	
2. Interviews in group psychotherapy	69731	6195	3734	9635	7842	973	4276	2443	2763	19932	1526	2434	2534	2909	2535	
3. Group Psychotherapy Session	9306	1114	621	1134	1229	177	618	479	439	1493	175	809	423	362	233	
4. Follow-up interviews	5008	41	192	120	824	98	43	1384	46		30	1284	237		709	
5. Interviews in Family Therapy	10591	2092	1212	718	1216	188	71	719	1225	865	244	192	1486		363	
TOTAL NUMBER OF INTERVIEWS	178983	16059	16304	24191	19032	5668	8895	9245	13272	33713	5201	8527	7509	6100	5267	
Average Daily Interviews	727.6	65.3	66.3	98.3	77.4	23.0	36.2	37.6	54.0	137.0	21.1	34.7	30.5	24.8	21.4	

* For one year period ending June 30

* Plus 2944 Day Care

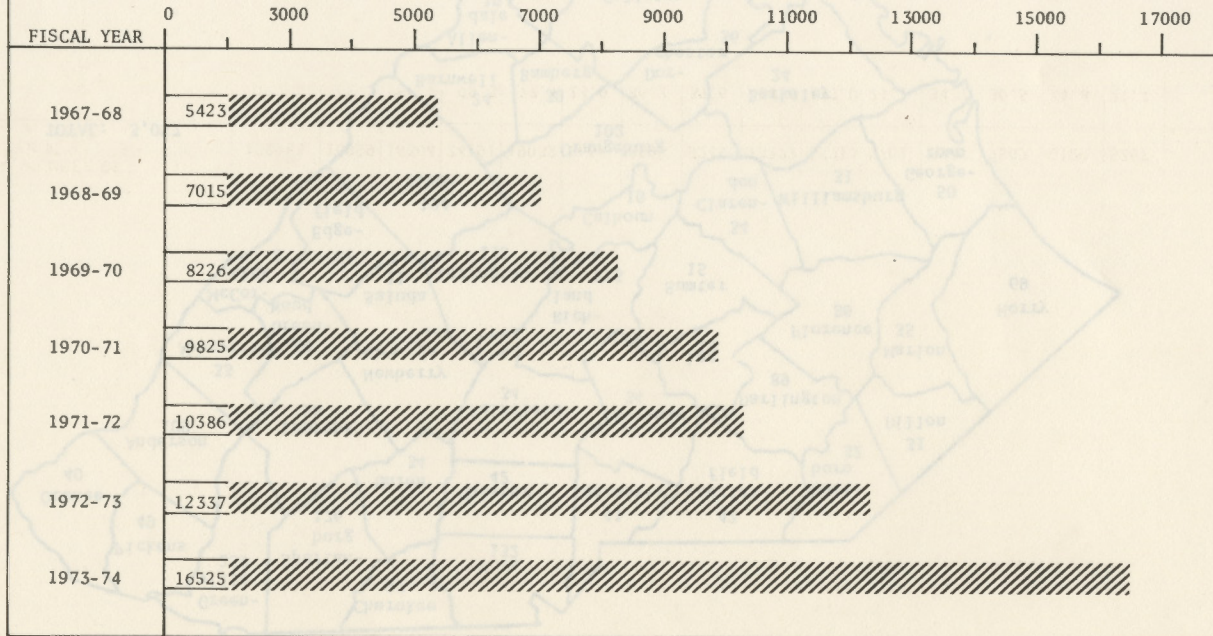
1. Interviews with or about patients are defined as face-to-face personal interviews by professional staff with clinic patients or with others on behalf of clinic patients.
2. Group psychotherapy is defined as treatment through the use of group dynamics or group interactions.
3. Group Psychotherapy Session is defined as number of group psychotherapy sessions held and is not included in the Total Number of Interviews.
4. Follow-up interviews are defined as routine interviews after discharge from the clinic to determine efficacy of treatment or whether recommendations have been carried out.

Prepared by Statistical Section

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Division of Community Mental Health Services

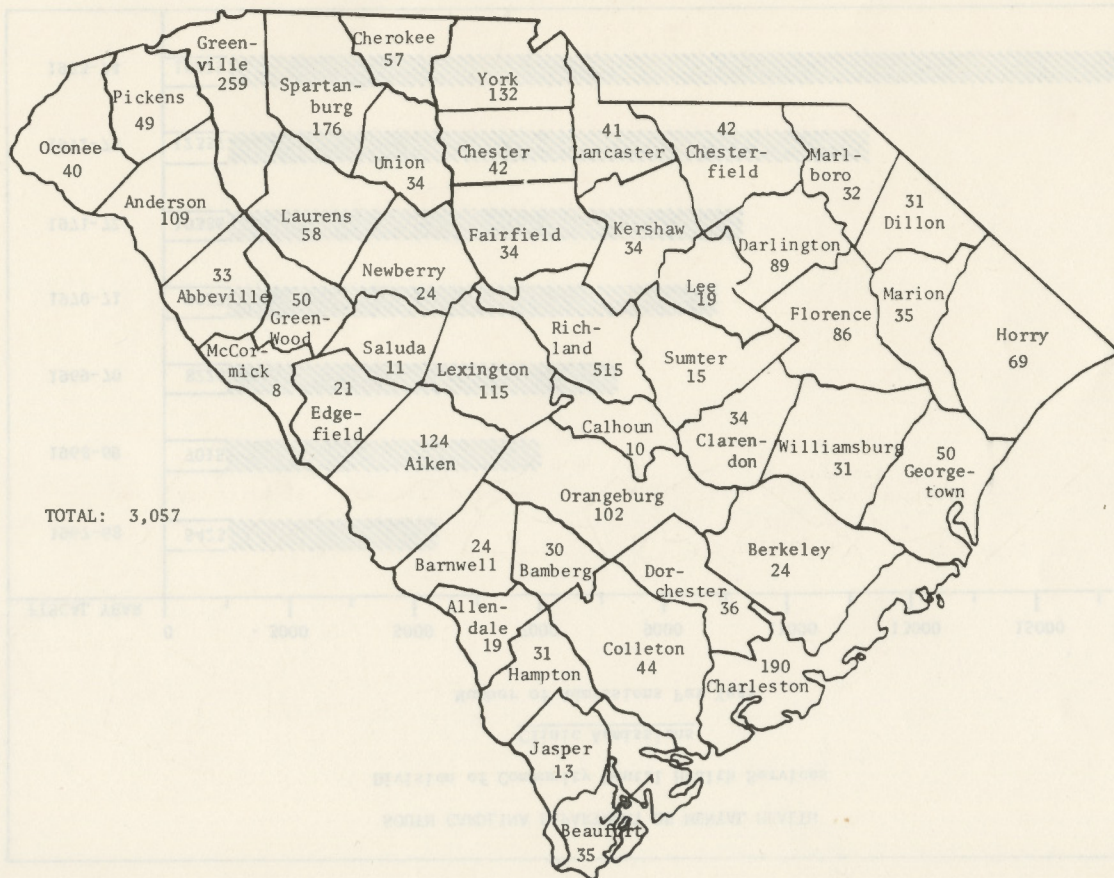
Clinic Admissions

Number of Admissions Per Year



SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1973-74



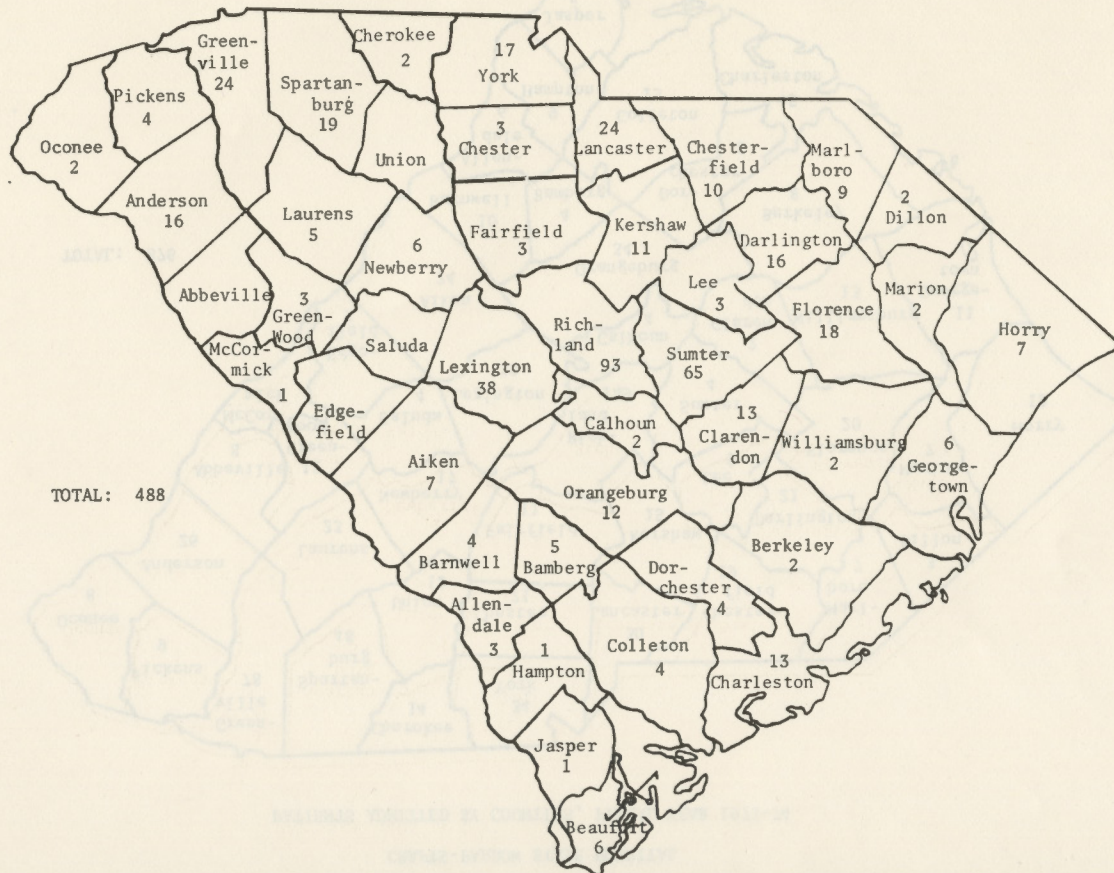
CRAFTS-FARROW STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1973-74



WILLIAM S. HALL PSYCHIATRIC INSTITUTE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1973-74



PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1973-74



ALCOHOL & DRUG ADDICTION CENTER

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1973-74



WILLIAM S. HALL PSYCHIATRIC INSTITUTE
OUTPATIENT SERVICES
FY 1973 - 1974

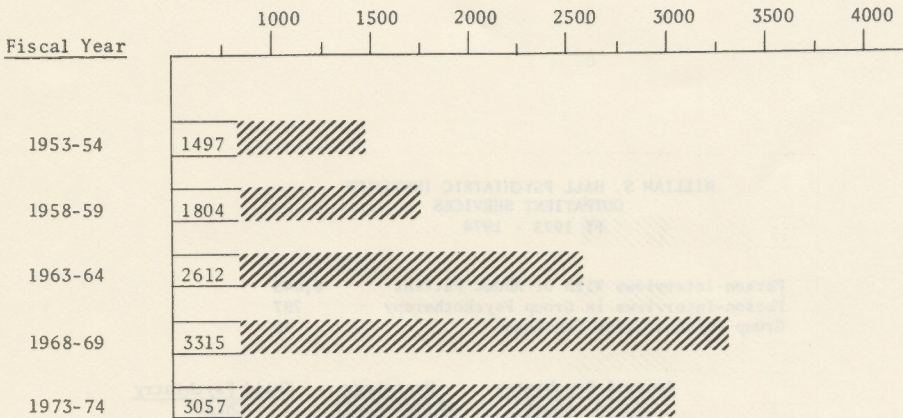
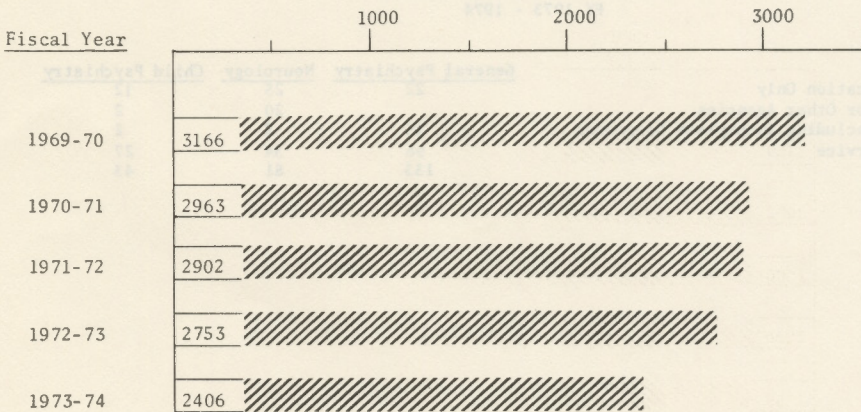
Person-Interviews With or About Patient	6,045
Person-Interviews in Group Psychotherapy	797
Group Psychotherapy Sessions	45

	<u>General Psychiatry</u>		<u>Neurology</u>		<u>Child Psychiatry</u>
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>
Census July 1, 1973	6	105	85	46	50
New Admissions	10	121	96	47	67
Readmissions		8	4	2	4
Terminations	1	132	56	25	43
Census June 30, 1974	15	102	129	70	87

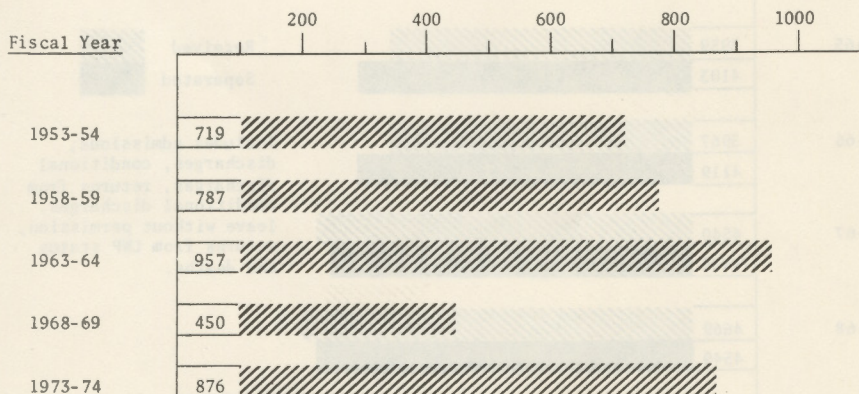
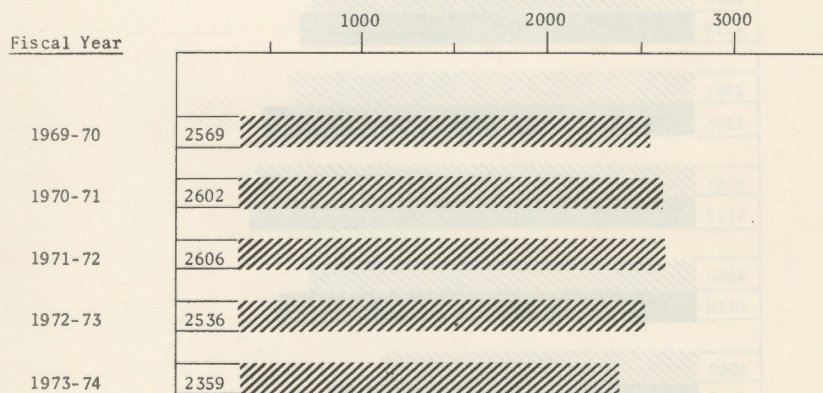
TYPE OF SERVICE
RENDERED TO TERMINATED PATIENTS
FY 1973 - 1974

	<u>General Psychiatry</u>	<u>Neurology</u>	<u>Child Psychiatry</u>
Intake Application Only	22	25	12
Evaluation for Other Agencies		20	2
All Others Including Incomplete Diagnoses	15	2	2
Treatment Service	96	34	27
TOTAL	133	81	43

SOUTH CAROLINA STATE HOSPITAL

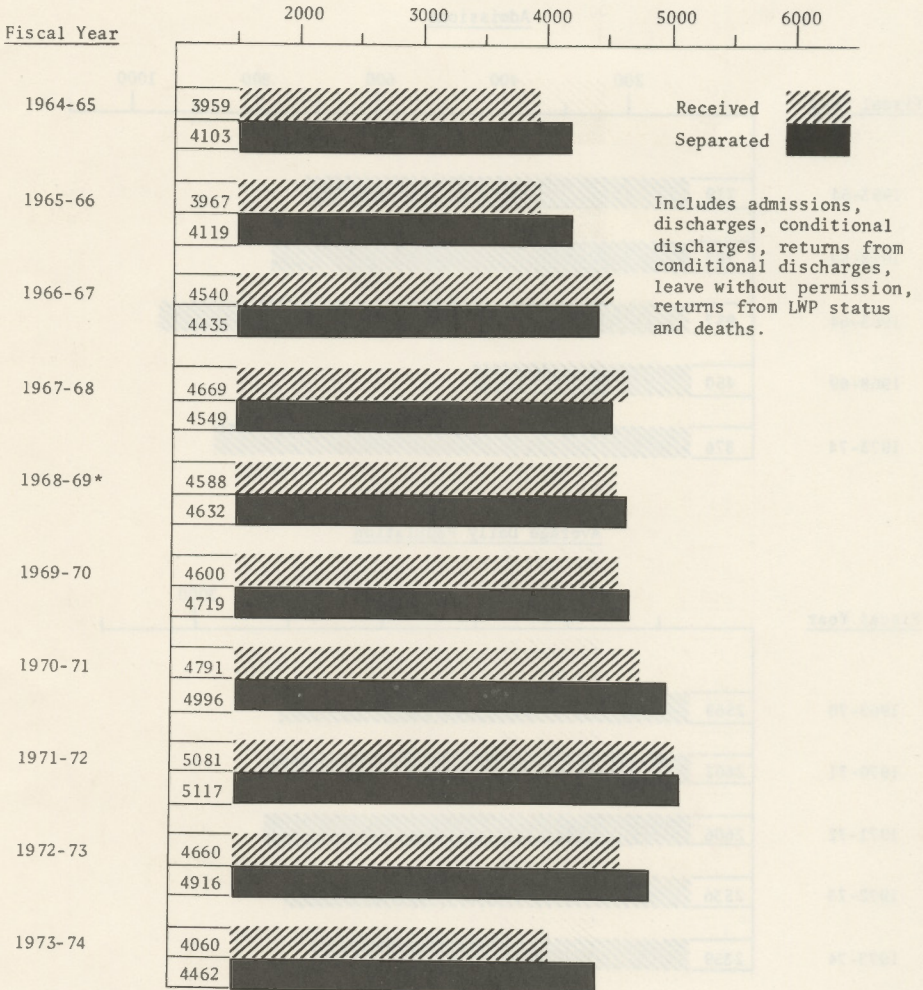
AdmissionsAverage Daily Population

CRAFTS-FARROW STATE HOSPITAL

AdmissionsAverage Daily Population

Prepared by Research & Statistics

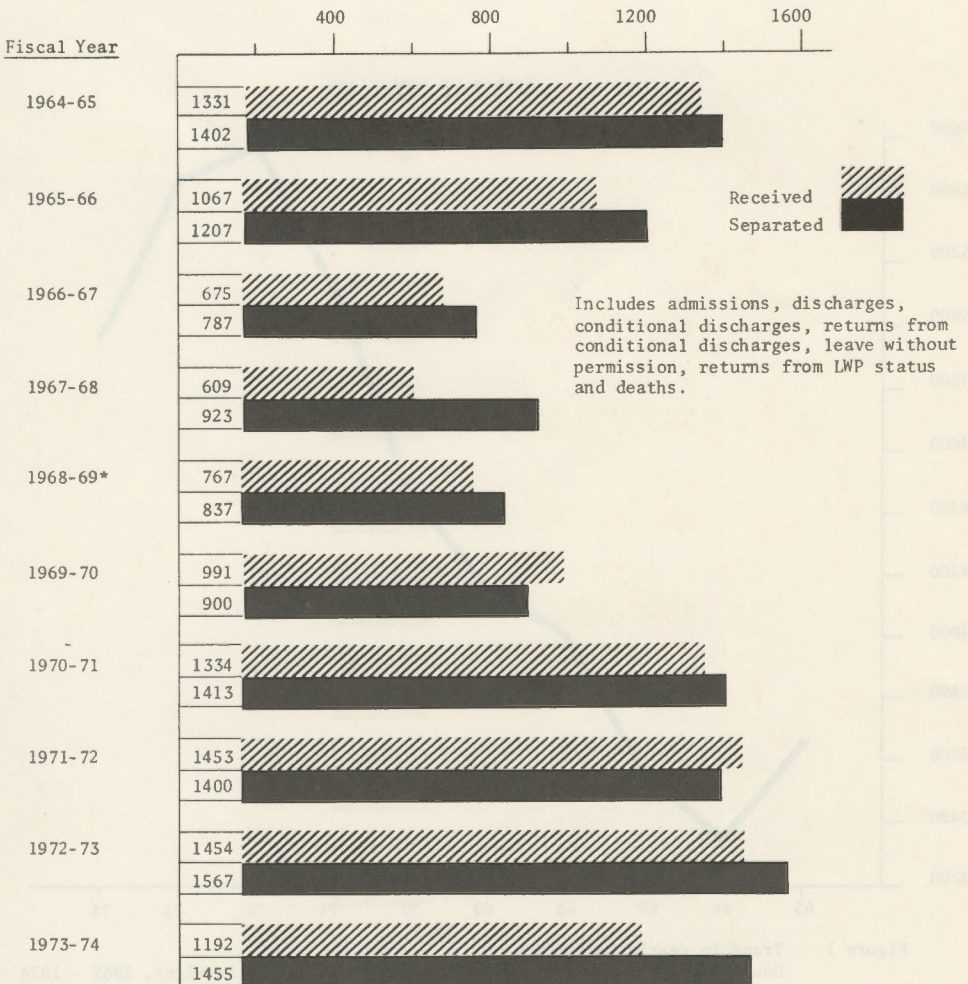
SOUTH CAROLINA STATE HOSPITAL
Patients Received and Separated



* Beginning with FY 1968-69:
 Received includes transfers in
 Separated includes transfers out
 (Previous years do not include transfers.)

Prepared by Research & Statistics

CRAFTS-FARROW STATE HOSPITAL
Patients Received and Separated



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 Received includes transfers in
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Prepared by Research & Statistics

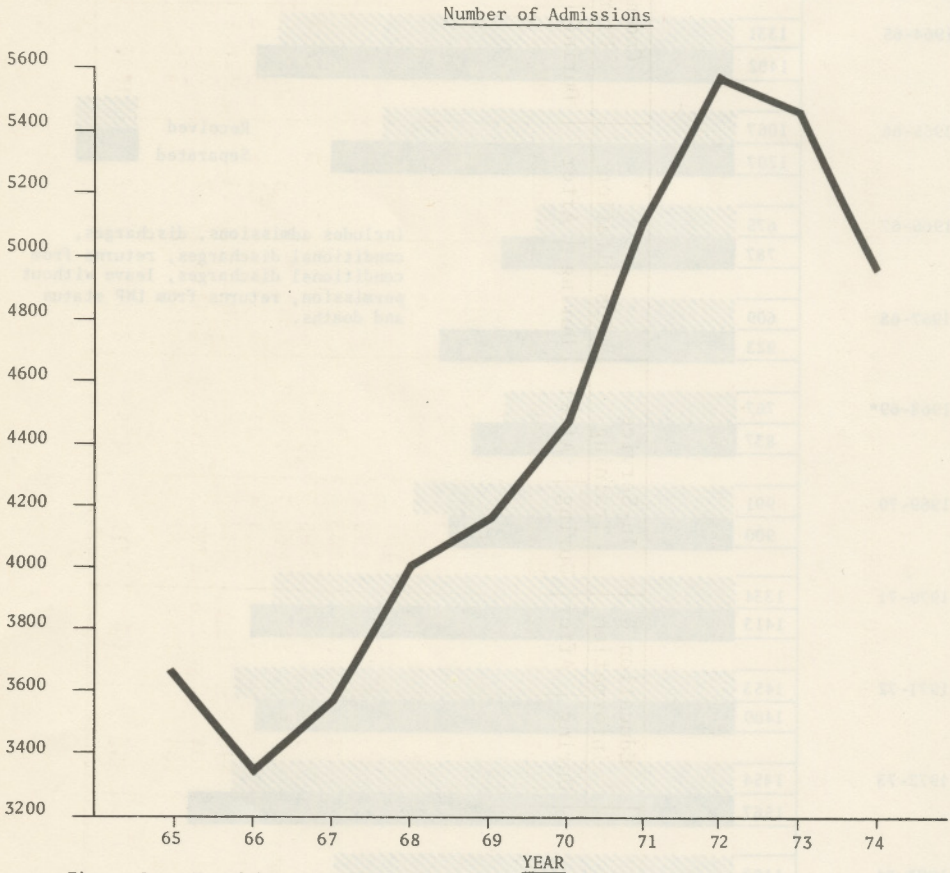


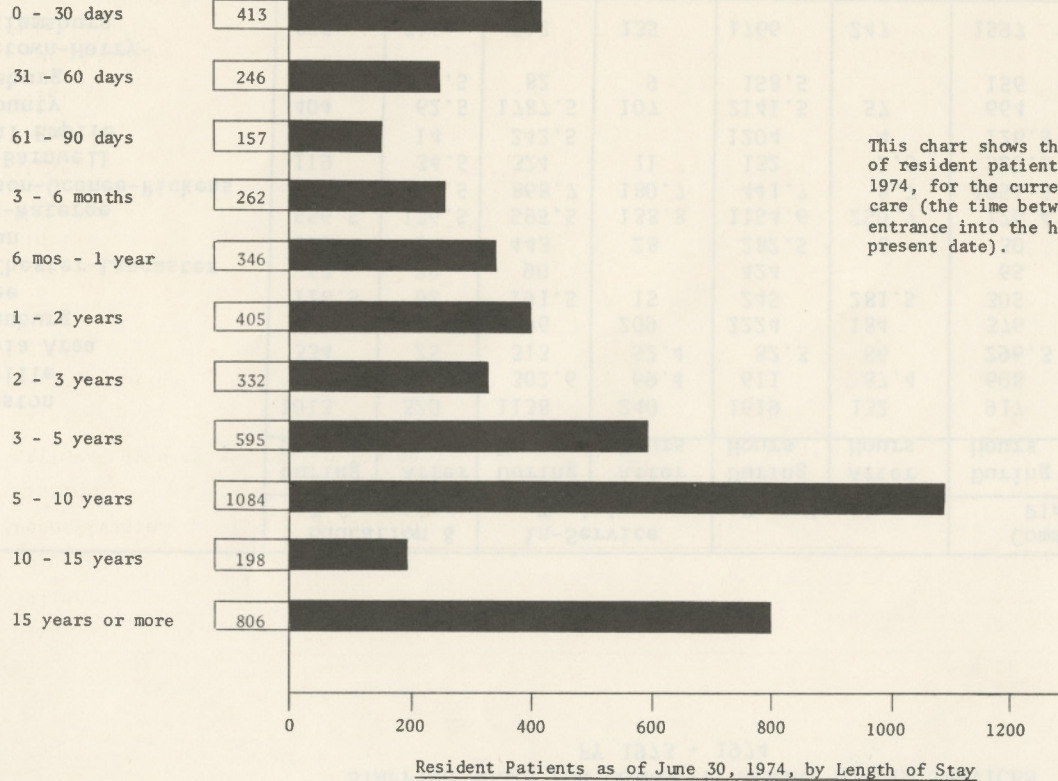
Figure 1 Trend in yearly admissions
 South Carolina Department of Mental Health--Hospital Services, 1965 - 1974
 Prepared by Research & Statistics

STAFFING HOURS FOR COMMUNITY MENTAL HEALTH SERVICES
FY 1973 - 1974

	Education & Information		In-Service Training		Consultation		Community Planning		Total	
	During Hours	After Hours	During Hours	After Hours	During Hours	After Hours	During Hours	After Hours	During Hours	After Hours
Charleston	1013	320	1138	240	1619	132	917	299	4687	991
Greenville	429	43.2	302.6	69.4	611	87.4	608	221	1950.6	421
Columbia Area	334	25	313	52.4	82.3	86	296.3	57.9	1025.6	221.3
Spartanburg	219	109	1496	209	2224	184	376	114	4315	616
Pee Dee	118.5	62	191.5	15	245	281.5	305	96.5	860	455
York-Chester-Lancaster	67	20	90		424		65	28.5	646	48.5
Beckman	123	14	443	28	282.5	8	30	21	878.5	71
Santee-Wateree	556.5	176.5	595.5	138.8	1154.6	250.7	126.4		2433	566
Anderson-Oconee-Pickens	135.5	45.5	868.7	180.7	441.7	8.7	1051.5	111.7	2497.4	346.6
Aiken-Barnwell	119	34.5	324	11	132	2.5	520.5	178	1095.5	226
Coastal Empire	345.5	14	242.5		1204	4	126.5		1918.5	18
Tri-County	404	62.5	1787.5	107	2141.5	57	664	15	4997	241.5
Orangeburg	164	26.5	82	9	158.5		156	32	560.5	67.5
Georgetown-Horry-Williamsburg	855	316	712	135	1766	247	1597	432	4930	1130

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES



Total 4844

Prepared by Research & Statistics

This chart shows the distribution of resident patients as of June 30, 1974, for the current episode of care (the time between the last entrance into the hospital and the present date).

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL EXPENDITURES

COMPARISON WITH OTHER STATES

Fiscal Year 1972-73

	Expenditures Per Patient Year	Expenditures Per Patient Day
Arkansas	\$21,509.45	\$58.93
Illinois	16,052.70	43.98
Colorado	15,198.60	41.64
Pennsylvania	11,001.10	30.14
Missouri	10,968.25	30.05
NATIONAL AVERAGE *	9,198.00	25.20
Maryland	9,095.80	24.92
North Carolina	8,792.85	24.09
Georgia	7,858.45	21.53
Louisiana	7,347.45	20.13
Tennessee	6,945.95	19.03
Florida	6,562.70	17.98
SOUTHEASTERN AVERAGE	6,248.80	17.12
Alabama	5,872.85	16.09
Texas	5,628.30	15.42
Virginia	5,131.90	14.06
South Carolina	4,135.45	11.33
Mississippi	3,646.35	9.99
* Estimated		

49th among the states

SOURCE: National Institute of Mental Health

